

**THE
GREAT
DIVIDE**

VOLUME XXXVIII

PALMER

1961

THE

NEW

EDITION

OF

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OF

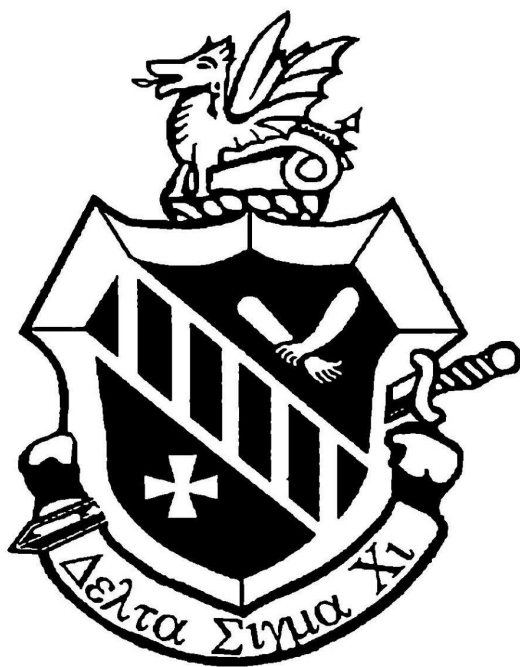
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Chiropractor

9/20/1966

THE GREAT DIVIDE

VOLUME XXXVIII

PALMER

1961

THE GREAT DIVIDE

by

B. J. PALMER, D.C., PH. C.

1881 — 1961

“B.J. OF DAVENPORT”*

**— philosopher, scientist, artist, builder — the bit of a mortal being
whom Innate Intelligence developed**

***OIL PORTRAIT BY RAYMOND P. R. NEILSON STUDIO, 131 EAST 66TH STREET,
NEW YORK CITY**



Photographic copy of original Oil Portrait painted by Raymond P. R. Swinton; N.Y. City

B. J. PALMER, D.C., M.C.

Developer of Chiropractic

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FOREWORD

Those who will enjoy this volume by B. J. Palmer should note that it is posthumously published.

The manuscript, comes from the pen of my father, was written by him during winter residence in Sarasota, Florida, in 1959 and 1960.

In publishing "The Great Divide", Palmer College is following "B.J.'s" wishes as stated in his Last Will and Testament.

Our hope is that in reading this book, and in becoming acquainted with the views of its author, the reader will once again appreciate the deep convictions and abiding dedication of the Developer of Chiropractic. Should he do so, the volume will both serve its purpose and fulfill the wishes of its writer.

A handwritten signature in black ink, appearing to read "D. D. Palmer", with a long horizontal flourish extending to the right.

David D. Palmer, President
Palmer College of Chiropractic

May 1966

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Chapter I

THE GREAT DIVIDE

HOW TRUE WE STATE THE SOCIAL EDUCATIONAL PROBLEM

THERE IS A NEW dimension to life and a new perspective that the majority of mankind are unaware of, but which the sages and prophets have continually tried to point out. It is said that the letter of the word killeth, but the spirit of the word give it Life. We see the world as it was formed in seven days, and how man evolved from the sea and for the period of time until the faculty of Reasoning came upon him he was living in a state of perfection for that moment of time and space and then came the period of time which people with their educated intellects have interpreted as a particular episode in the Garden of Eden. *It is apparent that the fall of man involved a long period of time where they started going out from under control and putting emphasis on their newly acquired faculties of Reasoning governed by the outer educated mind, which in itself is nothing and miniature compared to the Innate mind which is the positive controlling source of all that is.*

Years passed and man in keeping with the design of life gradually took on more and more new faculties: the awareness of music, awareness of color, the awareness of environment, etc. It seems that first one person would come into awareness of a new faculty, then a few more people would come unto it, then gradually the members of the people with this new faculty would compound upon itself until it was common to the majority of mankind and became accepted in their search for understanding. We came into a faculty of Cosmic Awareness and as time goes on more and more people came into this awareness and their primary motive for being *was recognition of the distorted path* that man was treading and they tried to bring back right direction, in other words an awareness of this Universal Intelligence and *how simple*

life can be if only people would look within and let their Innate doeth the works. We see the period of time when many Phrophets and Philosophers became illuminated to this awareness and tried desperately to portray it to their followers from the Cosmic aspect and some of them came into illumination themselves but those who followed *were educated men without Innate awareness and they followed the letter of the word rather than the spirit.* Voices from the source, in their own language, and, it is understandable now that the *voice which has been guiding us over these years is that small wee voice which spoke to them.* What is interesting is that *this voice speaks without audible sound and comes more as an impression.* What is beautiful is that *there is no doubting it and it is an absolute positive expression which cannot be denied or refuted.* If only people would let the barnacles which encrust their hulls start falling away and listen from within long enough to let this tremendous source of power start manifesting itself through them, the so-called problems of life would soon be eliminated. There can be an unfettered simple joy of life which is difficult to put into words.

As the great mass of the unwashed become indoctrinated into this newer and greater understanding in the deeper internal depths of the potentials within, into this newer and greater understanding, then as numbers multiply and its application is practically applied to more and more, the movement will take on growth. Eventually mankind profits and a new era of evolution is established into the lives of our people.

At present there is a deep rooted, artificially produced conflict between the outside-in, below-upward, super educated campaign being thrust into the minds of the greater unthinging mass; and, the normal, natural and healthy Innate flow from above down, inside out. The physical seemingly is in the ascendancy even into our ranks.

The more practical and working chiropractic philosophy, science and art will eventually, given time for our adherents to multiply into its broader understanding, in its application to mankind, it will take root into a master evolution of a greater vision of service to mankind in all his ways of living.

People have the word Spiritual fouled up like everything else. The design for life to be under right function is to be creative not for one's self, but for the good of others and the whole body of mankind. *Actually anyone that is creative is a Spiritual figure. That would be us, Edison, Ford, Wright Brothers, great architects, artists, and all the luminaries that have benefited man since the beginning of time.*

We can see thru the pages of history those people that have obtained a true Innate Awareness HAVE NOT BEEN HIGHLY EDUCATED MEN, NOT SOCIALLY INCLINED, NOT BECAUSE IT WAS DENIED THEM, ONLY THAT THEIR EMPHASIS TO LIVING WAS CRAMMED INTO THAT SMALL OUTER SO-CALLED EDUCATED MIND WHICH WAS BUT A FRACTION OF THE REAL POTENTIAL WHICH WAS INTERNALLY AVAILABLE IF MEN WILL LET IT FLOW FROM ABOVE-DOWN, INSIDE-OUT.

THE PATH WE HAVE HEWED THROUGH OUR LIFE IS VERY OBVIOUS. In the beginning, in our work, there were those who followed us, who could cope with, keep up with and followed our internal levels of thinking. As we progressed the number of people gradually progressed, some dropping by the way side. Each new development researched, added new people to its group, from the SERIOUS CIRCULATION to THE INNATE MENTAL IMPULSE CIRCULATION between brain and body and body back to brain, which we symbolized in the simple safety pin. Those who lived with either educated started getting doubts because that level of thinking could not be justified the chiropractic philosophy, science and art of the tri-une abstract and physical being in perfect relationship. Their reasoning being all IN THE PHYSICAL OUTSIDE SENSE could not regenerate and re-create THE INNER INNATE POSITIVE ATTITUDE necessary to replace the out-side in, below-upward theories. It appears as we that one forward motion ceases it is impossible to stay at one level and slipping from the above-down, inside-out TO the outside-in, below-up level naturally occurs. This is the parting of the two ways as we see it, chiropractic today. Today chiropractors exist at innumerable levels between the

earlier researchers with a few trimmings added here and there. The emphasis is almost entirely ON THE PHYSICAL PLANE and sadly enough little of the Innate philosophy.

This chiropractic scientific Innate interval research program, was well organised and completed determined in the very beginning to prove or disapprove every concept, postulate, theory or principle of its basic and fundamental chiropractic philosophy, science art, as flowed forth thru the fertile but otherwise construed ignorant mind of D. D. Palmer. We who review and look back to our Vol. 1, then follow the exposure from within, follow those steps thru to and up to Vol. 36 and you will have a positive and well rounded, all encompassing series of steps climbing to attain our ultimate goal. Right now Vol. 37 is being sent to type in our PSC Printing Plant. Vol. 38 has been written, and is completed in MMS form. But, THE book we are most proud to think of as the ultimate, is our Vol 39, completed in MMS form and ready to be printed any time. This book is an exhaustive all-review historical review of all the successive steps from our earliest Innate days, to our latest work this winter in Sarasota. Its title will be, THIS IS OUR MASTERPIECE. Time will see the publications of these three works.

There doesn't seem much good to accrue condemning those who disagree with our thots, because they don't know better and are doing the best they can, for what they think they know.

What is beautiful to perceive is that the number of our people coming into this Innate awareness is multiplying upon itself and the numbers are reaching a point that is making the world aware THAT A NEW FACULTY IS COMING TO MANKIND AND IN TIME IT COULD BE THE NEW AGE THAT MAN IS LOOKING FOR.

Our Innate and the love FLOWING THRU US FROM ABOVE-DOWN, INSIDE-OUT reaches out to each of you and in addition our gratitude and thanks are unmeasured for what you have done, not for us, but for what can be done through us in the service of others.

Chapter II

THE GREAT IMPOSSIBLE DIVIDE

CHIROPRACTIC POSSESSES THREE great, simple fundamentals:

1. An age-old, yet modern NEW principle and practice, attaining a NEW result. An acknowledgment, understanding of, and knowledge of an INTERNAL Innate Intelligence.
2. An acknowledgment, understanding of, and knowledge of INTERFERENCE between Innate and function, *between* brain and body, which unbalances all normal routines between Innate *and* function, between brain *and* body, creating dis-ease between them.
3. An acknowledgment, understanding of, and KNOWING how, what, where, when and why of correcting that interference; and, permitting a restoration of flow that balances all normal routines between Innate and function, between brain and body, re-creating ease between Innate and function, between brain and body.

None of this is new. It is as old as the creation of the vertebrata.

It has always existed in Production in ACCIDENTS, and in Reductions by ACCIDENTS.

All of this Is new to “educated man.” Its understanding was born in 1895.

It has since existed in REDuction BY INTENTION.

Everywhere, all races—each person seeks “that something” above and beyond himself, greater than himself, to explain the WHY of everything that has been, is, and will be.

He seeks to explain solar systems and their orbits.

- the greatness of infinite time and space,
- the origin and reproductions of species of growing, living things,
- how seasons come and go, and what regulates them,
- why species and families do not interbreed; and, if they do, produce hybrids that cannot reproduce.

He “educationally” establishes and attempts to answer, BEYOND his answer, in a Universal Intelligence that guides, directs, and controls all things.

- This IT is called by various names: Jehovah, God, etc.
- He conceives of IT in the image of himself, except larger, longer, broader, better.
- It is everywhere present; nobody has seen IT; nobody ever will.
- It is omnipresent, omniscient, omnipotent.
- IT is the infinite. He is the finite. Finite TRIES to understand the Infinite.
- He conceives the infinite has a place, form, shape, refers to IT as HE and sings HYMNS to praise HIM.

Knowing there is “THAT SOMETHING” beyond himself, he reaches out into space to grasp it, understand it, know it.

- He builds concepts, amasses ideas, builds temples and cathedrals to emulate and exalt IT.
- There is much he wants to know and asks to receive.
- He feels his smallness, his shortcomings, by comparison, and asks for more of IT to come to his “education.”

Conceive, if you “educationall” can, the chaos that would exist in this universe without this guidance, directing organization, this intellectual control over all things.

- You should be “educationally” able to realize how lost any person is who refuses to think, see, and know there is a Universal, guidance and influence of all things, in all things.

Man DOES acknowledge, at times and places, something greater than himself, OUTSIDE of himself. But what about himself INSIDE of himself?

- Here, all rules, understandings and acknowledgments REVERSE themselves.
- According to “education” he is born of an accident, something happened; like Topsy, just came, just grew.
- The population ratio between males and females, is just another one of those balanced things.
- Man makes regulations and controls *by* man, *for* man, OUTSIDE of man.
- Sickness is an evil, caused by external evil germs, effluvia, or

other God-made external environmental conditions.

—That which changes him *from* normal *to* abnormal is a spontaneous combustion, without rhyme or reason, which has baffled all men for all time.

—It is “sympathy,” “reflex action.”

“Educationally” and medically, man does NOT acknowledge anything INSIDE greater than himself, INSIDE himself.

—He thinks WHAT he thinks, *as* he thinks it, “educationally” as greater than any other concept.

—What he thinks, *as* he thinks it, internally, is the alpha and omega, the ne plus ultra of all things pertaining to man.

—He knows, or thinks he knows, what he “educationally” thinks he knows, as greater than anything else.

—His OUTSIDE concepts now become a conflict with his INSIDE concepts; they contradict each other.

—He cannot, does not conceive THAT WITHIN HIMSELF is something beyond his limited “education”

—He denies there could be, or is, an internal directing, controlling, governing intelligence beyond his “education”

Can you conceive the chaos that does exist in man’s understanding of man, WITHOUT THIS guidance, this direction, this *internal* control over all things IN man?

If you can, then you know the principles and practices of all medicine, in toto—e pluribus omnibus.

Suppose man DENIED any controlling factor over our world and others.

—Would it make any difference?

—Would the controlling factor change merely because “educated” man denied it?

—Would the world’s affairs go on the same as tho HE never had been in it, or questioned it?

Suppose man denied Any unlimited controlling intellectual factor, over, above, and *inside* him, other than his meager “education.”

—Would man go on *internally* functioning, producing and reproducing the race just the same?

Suppose this generation of people come, live awhile, have a

great deal to say about how it ought to be run, and then die.

- Would man come; would succeeding generations come and keep coming just the same?
- Would his functions, in the new generation, keep on keeping on, regardless of him or his “education” opinions?
- Or would his having come, having spouted out his egotistical “educated” theories, his useless “educated” experiments of how to change it all, change anything basic in *the next* generation?
- Would the directing superior internal Innate Intelligence within man change, because “educated” man changed his theories and experiments with every turn of the day?

It is obvious, today, that medicine is a failure in getting sick people well.

- We are surrounded, swamped with evidence of the fact.

It is obvious that sick people turn from acute cases to chronic cases, because of the failures of medicine to get them well.

It is obvious that sick people want to, need to get well.

- Innate avoids and evades the vacuum.
- Chiropractic was born because of a necessity that sick people need to get well.
- If medicine, medical principles and practices, Got sick people well, there would be NO NECESSITY for Chiropractic to do what medicine fails to do.

Endless “educated” complexities and sterile theories and useless experiments and practices of medicine are in the doldrums, confusion they are today because:

- They deny there is such a factor as Innate Intelligence.
- They call any study of such a “cult” and laugh at its “unscientific” study.
- They think that God made a great mistake when he produced germs; therefore, man in his wisdom should kill off *all* of them.
- They question everything INSIDE of man, as the God made frightful blunders, notwithstanding they “educationally” think God put man on earth to correct the mistakes of God.
- They “educationally” think they can and do supercede mistakes God made, and question Innate Intelligence INSIDE man

when it continues to live and thrive in spite of man rather than because of him.

- They think they can substitute their infinitesimal external “education” or what they think they think, in lieu of Innate Intelligence residing within man.

When will man *know* there is a Universal Intelligence over and beyond man, when it is preached into him constantly?

- When will man know there IS an Innate Intelligence *in* man which controls his existence, *before* birth, *during* life, and—who knows—perhaps after death?

- When will man learn that God talks TO man from above-down, from inside-out, not in words but in deeds?

- When will man learn that HE can’t be an infedel, agnostic, or atheist when it comes to regulating man’s internal functions—normal or abnormal, well or sick?

- When will man grasp THE GREAT FUNDAMENTAL that everything that comes from *above-down inside-out*, is good, normal, right, natural, healthy, uninhibited; that nothing he can “educationally” think, say, or do *can* reverse that orderly procedure?

- When will Chiropractors realize that you can’t crossbreed an understanding of admission of a God of the Universe on Sunday, with a man-made artificiality stimulation or inhibition from *outside-in*, from *below-upwards*, other six days of the week?

- When will Chiropractors grow from *within-out*, to where they will know they can’t double-cross Innate within and expect to get sick people well?

A GREAT DIVIDE OCCURRED ABOUT 500 B.C., as near as history records. Theles was the Greek philosopher who observed two factors in living man which changed all thinking from that day to this.

He looked at living man and saw the abstract AND concrete; mind AND matter; inanimate and animate bodies; dead and alive structures. He conceived a necessity that they *be separated*, one from another.

In the hypothetical abstract, they ARE separate. In living realities they CANNOT be separated.

For purposes of study of principles and practices, Theles separated one from another; divided the indivisible.

—From that day to this, indivisible has been divisible, from above-down, inside-out.

—Two schools of thought were established from that day to this:

—the physical, material, corporeal were given to students of *physical* properties out of which have come the terms “physic . . . ian” and MATERIA media;

—The spirit, soul, meta-physical were given to the students of spiritual interpretations, out of which have come the psychiatrist, metaphysician, hypnotist, christian scientist.

—Two types of schools were established; physical and spiritual; and two schools of teaching began to meet those concepts.

—And we have had an indivisible divided LIVING sick man mentally and physically, ever since.

Each half says it is the whole—mind is all and everything; or body is all and everything.

—One says you can have light with electricity alone—no need for a globe;

—others say you can have light *with* the globe alone—no need for electricity.

—One says if you educationally think right, you’ll be right;

—if you educationally think wrong, you’ll be wrong.

—One says if you educationally are careful what comes in from outside, both mental OR physical, you’ll be mentally or physically healthy;

—if you prevent mental or physical external environment from affecting your insides, you’ll internally be mentally and physically normal.

—One is all mental, and no body;

—other is all body and no mind.

—What is mind? Never matter!

—What is matter? Never mind!

—Both are right as far as they go. Both are wrong because they are only half right; they ignore other half.

- Each is half wrong by itself alone. Both are right WHEN THEY ARE TOGETHER. Mental *and* physical, spiritual *and* corporeal, cannot be separated in LIVING man.
- They are together, always have been together, NEVER WERE separated, cannot NOW be separated—in LIVING man.
- Both of these schools of thought ignored UNITY of both TOGETHER—spiritualists fails because he does not know why or how to UNITE the two; Physician fails to get sick people well because he does not know who to make possible THE UNITY of the two together.
- Without* Universal Intelligence there would be no moving, functioning, living world;
- without* Innate Intelligence there would be no moving, functioning, living man;
- matter yes; intelligence yes. Both can be in the hypothetical abstract. We have no way of knowing there is Universal or Innate Intelligence, except as they speak a Universal or Innate function through LIVING things through which they express themselves.

Sooner “educated” man realizes all this and studies LIVING man as a UNITY of mind and matter; spirit and body; Innate and function, the quicker he can and will better serve man in getting him well when sick, making him normal when abnormal, making the insane sane, making the criminal a natural internal law-abiding citizen.

BIG job of the Chiropractor is to preach this new-old gospel to a topsy-turvy unreasonable “educated” world.

And, before YOU get misconception is to what we are saying, let us clarify one simple point:

- We do not recry or belittle any and all “education,” per se, *when* it is practical and works;
- we do emphatically decry all and any so called medical “education” scientific or other wise, when it is impractical and can’t, don’t and won’t work.
- We decry and belittle all “education” premised on A DIS-UNITY of mind and matter—and this applies to everything medical, in all its principles and practices, regardless of whether it be mental or physical fields.

Chapter III

OUR CHIROPRACTIC COMMANDMENTS

1. **INNATE INTELLIGENCE:** the creator, director, controller, builder, organizer.
2. **THE HUMAN BEING:** a structure; the *created* object; the builder production.
3. **POWER** and/or energy plus organized matter, equals organized motion.
4. **INTELLIGENT POWER** and/or energy, plus intelligently organized matter, equals intelligent organized life.
5. **INNATE INTELLIGENCE POWER** and/or energy **FLOWS FROM** brain **TO** body **THROUGH** nerves.
6. **MENTAL IMPULSE SUPPLY FLOWS THROUGH** at a definite quantity and quality, per a definite rate of speed, per a definite unit of time, known only to **INNATE**.
7. If **NORMAL** quantity and quality flows through at a **NORMAL** rate of speed, per a normal unit of time — health.
8. If normal quantity and quality flows **REDUCED** because par to a **LOWERED** quantity and quality, it **LOWERS** and **SLOWS** normal rate of speed of tissue cellular motion, **Reduces** and slows speed of action of motion of structural matter — dis-ease.
9. **REDUCED QUANTITY** of nerve force flow reduces rate of speed of action **OF FUNCTION** dis-ease.
10. **REDUCED SPEED** of action per unit of time reduces the product and/or by-products of action which, being an integral part of a whole, disturbs and unsettles every other product or by-product of which it is a part.
11. This upset of one part upsets many other parts adaptatively, hence creating direct and indirect symptoms and pathologies, called objective and subjected, usually the indirect, subjective or adaptive conditions being more pronounced become the

main observation in diagnosis, overlooking the primary and making prominent the secondaries.

12. There is but ONE dis-ease, regardless.
13. LACK of energy flow, Lack of motion of matter, Lack of function is dis-ease.
14. That which APPEARS to be INCREASED function is natural adaptative process to LACK OF normal function.
15. Dis-ease is UNBALANCED RELATIONSHIP between Innate Intelligence and function, normal and abnormal rate of motion; per units of time involved.
16. Intelligence, being eternal and abstract, cannot be unbalanced.
17. Time, being eternal and abstract, cannot be unbalanced.
18. Matter, per se, CAN be unbalanced in relationship with other two.
19. Vertebral subluxation, at occipito-atlantalaxial area, is THE PLACE where matter can distort matter to where it distorts the triune relationship.
20. Vertebral subluxation *occludes* inter-vertebral or spinal foramen opening, *produces* pressures upon nerves, INTERFERES with and offers RESISTENCE to normal quality flow of Innate power or energy enroute from and between any and all parts of brain to any and all parts of body.
21. Vertebral subluxation is the valve, the switch button, which, turned OFF makes well people sick; turned ON makes sick people well.
22. Vertebral subluxation, ADJUSTED, *opens* occlusions, *releases* pressures, *permits* a normal RESTORATION of normal quantity and quality flow of Innate mental impulse supply between Innate function, brain and body; reestablishes a normal rate of action of matter, per a unit of time—health.
23. When this IS accomplished, perfect relationship and balance between Innate, matter and time have been attained—health.
24. The Chiropractic principle and practice being correct—to know Innate, to know vertebral subluxation, to KNOW HOW to adjust correctly, are what make a Chiropractor.
25. All else is excess baggage! Nothing else is of importance!

Chapter IV

A STUDY OF TRUTH DETECTOR TESTS

CLOSELY ALLIED to OUR 'timpograph research was our lie-detector, or we preferred calling it TRUTH-detector, made with a Keeler Polygraph.

In general, all lie-detector tests were made anywhere they just happened to be convenient, in hotels, in motels, jails, penitentiaries, court rooms or homes. We were the first to prove THAT external energies invaded human bodies which often did and could destroy accurate and reliable testimony. As a result we were first to confine all our truth-detector work in our shielded and grounded booth rooms.

After working with 'timpograph for 13 years, testing all kinds of different and devious theories, to find that which worked and which didn't, we still had many questions wanting to be answered. Perhaps the most important was; we were convinced that EDUCATION was frequently deceptive, deceitful, shamefully crafty and when caught could artfully and catagorically disarm the truth. In contrast, we realized Innate was present at the scene of the crime, and knew exactly WHAT took place, how, who, when, and why. The question we sought was, could EDUCATION effectively pervert Innate and side-track IT from issuing proof of the truth re the crime at issue. Could EDUCATION answer NO with his mouth when his Innate knew it was YES, or, whether Innate knowing exactly what happened would reveal the truth in spite of deceptions of education.

We had in those days, the only lie, or truth-detector in Iowa. Courts, sheriffs, police and other law enforcement officers engaged our services. Up till the time we discontinued this research, we had a 100 per cent record. If our graphs proved "GUILTY" they were later convicted in court trials. If they were proven innocent, they were so proven.

Because most of these tests, MADE BY OTHERS, were

made in places where variables infiltrated into the graphs, they picked up atmospheric energies. Instead of getting accurate answers to norm questions, answers were often abnormal based on external energy pick-ups. These percentages of convictions or innocences fluctuated. After we proved the efficiency in shielded and grounded booth, others, including Dr. Keeler, made all THEIR records under controlled conditions. Today, almost all labs doing this kind of work are shielded and grounded.

Questions were asked of education who tried to bluff answers, which wanted to defeat truth. They thought they could put on a bold front, but internal Innate ALWAYS revealed truth to direct questions asked re the crime.

The graphs always revealed difference between educated answers and Innate corrections. Innate could not be deceived, misrepresented, or suppressed in graphs recorded.

In these respects, in all our tests, WE followed the chiropractic principle of the conflict between Innate from ABOVE-DOWN, INSIDE-OUT and education from OUT SIDE IN, BELOW UP.

Chapter V

HOW EXCESS FUNCTION FOLLOWS A MINUS

THE QUESTION is logically asked:
“If all diseases are PROduced by a BELOW NORMAL REDUCTION in normal quantity flow of mental impulse, or nerve force flow, how account for evidence OF EXCESSES in high and above normal symptoms and pathologies? Can there be an EXCESS quantity flow? If not, how explain what appears to be just that?”

What the diagnostician things of as EXCESS symptoms or pathologies, such as fevers, eruptions, diarrhoeas, spasms, tumors, etc., are in reality ADAPTATIVE TO THE MINUS.

Fevers are based on internal accumulations of poisons, with Innate being unable to eliminate through normal channels of kidneys, skin perspiration, or breathing, burns them out because of being retained in abnormal places. AFTER fever subsides *there is* a below par period.

Diarrhoea is a “running off of the bowels,” to eliminate waste matters that were not eliminated normally because of *paralyzed* functions, because of a REDUCED quantity of mental impulse supply to move them onward and outward.

Dropsy is because of *paralyzed* kidneys damming back excess fluids. Kidneys are *paralyzed* from lack of normal sucking fluids in.

ERUPTIVE FEVERS are poisons coming through skin that should be eliminated by kidneys, which they don't reach.

Citations are endless.

A simple comparison: If electrical flow to globe IS REDUCED, DARKNESS, or ABSENCE of light results. As result of DARKNESS, endless complications, injuries, fires, bruises, accidents *can* occur; seemingly more pronounced than darkness itself.

In our 'timpograph research, we found *three* periods—normal, super-normal, *always* followed by a *low* period.

A STUDY OF ULTIMATES

This building and using a multiplication of instrumentation and methods of research seemingly was building a complexity. It was all done to prove or disprove, AND PRODUCE one single and simple clarification of what to do, where to do it, HOW AND WHEN TO DEFINITELY KNOW we were sound in the solution OF THE CAUSE OF ONE AND ONLY ONE ALL DIS-EASE AND HOW TO CORRECT IT to get sick people well, regardless of diagnosed name, location, organ or organs involved, or degree of severity they appeared to be, dealing exclusively with vertebral subluxation as THE cause.

Out of all this came our Vol. 36, "Palmer's Law of Life" which boils this broad, expansive and comprehensive chiropractic principle and practice to ONE single and simple essence; explanation of what occurs in LIVING human bodies when transposed from health to sickness, or what takes place when there is restored health and life to sickness and death.

Complexity of research led us to simplicity of action, eliminating hazardous guess-work of other professions. We pinned the *facts* which were reliable, establishing for THE FIRST TIME in the history of man, ONE complete package of what to present to a sick world to get them well.

WE PROVED that for every condition there was an explanation.

There were many intervening steps and avenues of research we laboriously followed, which led up to or away from major issues we mentioned here. To recite them, in detail, would take time, without stating or reaching the ultimate buying and selling objective we had in mind, in our desire to better serve the *over-all* correctness of a known *single* denominator of cause and cure of dis-ease, and how to get sick people well.

We always kept uppermost significance of one dominant and important factor in LIVING man—his Innate Intelligence and the ALL IMPORTANT plans IT had in the ways it con-

trolled function. This was ALWAYS present IN ALL our research. Without IT, there was no life. With it partially present and partially absent there was sickness, and upon its restoration there was health, where before was disease.

The world of today is basically materialistic, grossly substance matter. That which is above and beyond matter has been too largely ignored, forgotten, overlooked.

All nature—which is too crude a word to use for such a brilliant performer and performance—*always* strikes its balance. Call it “God” if you prefer, which is an unknown non-personal term for an unknown quantity in religion; or, if you wish a more expressive and more understandable term, We call it UNIVERSAL INTELLIGENCE. Regardless of term, IT ALWAYS strikes a balance, between

- a. night and day
- b. sun and shadow
- c. four seasons of year
- d. hot and cold
- e. oceans and lands
- f. abstracts and matter
- g. animal, vegetable and mineral
- h. male and female
- i. light and darkness
- j. births and deaths
- k. joys and sorrows
- l. mind and matter
- m. causes and effects
- n. inhalations and exhalations
- o. drinking and urination
- p. muscles in pairs
- q. contractions and relaxations
- r. intelligence to equal matter it controls, governs and directs
- s. in the unit, intelligence to balance function
- t. mind to direct matter it controls
- u. energy to motivate action in substance
- v. spiritual and physical

w. normal and abnormal

Somewhere, somehow, beyond reach of man, this is true with each and every living object, including biped genus homo.

Health and life is a balanced use of one, in and through the other.

Sickness is UNbalanced relationships somewhere BETWEEN LIFE on one side of the scale AND DEATH on the other; degree depending upon to what degree scales are UNBALANCED of one to, into and through the other.

Insanity, sickness, pathologies, symbolized an UNBALANCE of function *between* source and expression.

Vertebral subluxations, sequently followed by occlusions, pressures, interferences, unbalance the alliance, affiliation between norm in Production in brain; REDUCED NORM in transmission in tissue cells.

Aches, pains, sufferings, discomforts, are unbalanced *afferent* impressions based on unbalanced *inferior* impressions as *afferently* transmitted to brain where mind tests incoming reduced quantity of sense perception compared with norm interpretation, difference in the degree of suffering cited.

Sickness, dis-ease, pain and sufferings, are *unbalanced* expressions of abnormal norms on both efferent and afferent sides of the brain, via - efferent - nerve - to - tissue - cell and returning via-tissue-cell-to afferent-nerve-to-brain-cell.

A vertebral subluxation is unbalanced relationship between its co-respondents above and below. To give an adjustment is to *restore* balance, channels of communication are opened between mind and matter. Innate being present flows ITS balance from ITS balanced storehouse, into and through ITS balanced material channels, between mind and matter; and, thus, establishes ITS independent, natural and normal balance; something no educated man can do WITHIN HIMSELF, much less doing so in mind and matter of *another* like person who is sick.

All a Chiropractor wants to do, hopes to do, tries to do, or should do, is to open *the* communication with *the* communicant to an established internal balance in the body of another.

When mind and matter, mental impulse in matter, and nor-

mal quantity of nerve force flow through nerves has re-established its norm balance, sick man gets well.

What do we mean by "balance" as applied here? It is where MENTAL factor equals PHYSICAL element; where each is 100 per cent from one TO, INTO AND THROUGH the other.

To split that ratio of mind and matter, such as 75-25, 60-40, or even 50-50, is to produce unbalanced abnormality.

It's a single and simple understanding of equations and balances; one source and many expressions; causes and effects; corrections and restorations.

To make situation more unstable is to have one INTERNAL MENTAL factor 100 per cent ready, willing, anxious, capable; External Physical element begging, pleading, praying for what it does not and cannot get—all because of a vertebral subluxations between one AND the other, UNBALANCING transmissions between two factors one to and through the other.

Does any man, living *with himself*, intimately from birth to death, KNOW HIS norm balance, functionally, mentally and physically, in any one or more organs, at any time? Does he KNOW his par?

How then can he know balance, par, IN ANOTHER body that is a complete stranger, inside-in, below-upward, that he has just met in one office visit?

How can anything artificially manufactured by man, from OUT-SIDE-IN, BELOW-UPWARD, which HE prescribes to another, establishes a balance or par of function when he doesn't KNOW what IT IS, cannot manufacture IT OUTSIDE to give INSIDE to another? Has man's educated understanding gone *beyond* reasonable bounds when HE THINKS HE CAN, tries to and fails time and again, to forcibly bring about balance? Medicine is a perfect example of a successful failure.

Is it within the power of *education* to pull out of raw space that refined essence called soul, personality, ego, spirit, or Innate, when it becomes and is living entity in man? Can he *arbitrarily* induce greater infiltration of raw physical substance of IT into man, from a bottle, taken via teaspoon or in vitamin pills, INTO man as a substitute for that Innate which is already

there but can't get through from where IT IS to where it tries to get, and can't because of obstruction between?

All is vital, essential and necessary to re-establish par which ALWAYS comes from ABOVE - DOWN, INSIDE - OUT: FROM internal TO external.

WHY keep experimenting with one medical drug after another, endlessly applied to the globe, socket, or wires, to get more light, when somebody turned off the switch at a remote place?

WHY tickle nozzle, to stimulate IT for more water, when somebody unintentionally and unthinkingly, at some distant place, turned off the faucet?

Which "technic" would secure the coveted objective? If not, why not? If so, how?

(We suggest the listener or reader, re-read Chapters on the LAW OF BALANCE and THE LAW OF PAR, VOL. XXXVI, PALMER'S LAW OF LIFE.)

A STUDY OF THE EVOLUTION OF HUMAN CIRCULATIONS

(Necessarily, as readers understand, a presentation as broad and as comprehensive as this title indicates, must necessarily be brief here.)

Harvey discovered blood circulation. He paid the PENALTY OF LEADERSHIP, being scorned, ridiculed, denied, etc.

Then came awakening of medical profession. They acknowledged blood flow, followed by going overboard with it. It was a new toy, something to replace all previous mistakes, experiments and failures. All diseases, then, were caused by impure, stagnated, impeded, poor circulation of blood. You either had too much or too little; it was too thick or too thin. Blood letting was common for everything, Cancer was caused by blood. Blood purifiers, blood drugs, everything was blood.

A.T. Still adopted the same basic idea with his, "The rule of the artery is supreme."

Blood causes and cures have failed to get sick people well. Blood is secondary, not primary.

To CHIROPRACTIC WILL AND MUST COME ALL

CREDIT for acknowledging, advocating, observing, seeing and describing, as well as definitely proving supreme importance of mental impulse nervous system circulation.

Closely following on the heels of the provable mental impulse circulation as a causative and curative factor in all disease was another, A SERIOUS CIRCULATION. Although title is generic, it is not at all embracing as it covers a much larger field than that limited title would indicate.

Sufficient here and now, to merely brief each.

The CONTINUITY of a brain cell into and forming an EFferent nerve fiber, ITS CONTINUITY to forming a tissue cell; its elongation CONTINUITY ITS CONTINUITY into AFferent nerve fiber, CONTINUING its path back to brain cell, completing a CONTINUITY of substance through which flows a CONTINUITY of an abstract mental impulse of nerve force flow from brain to tissue cell, tissue cell back to brain, completing its circuit.

SEROUS circulation was independent of blood circulation. It includes in physical make-up ALL glands, large and small, including lymphatic system. *Through and between* tissue cells was a complete INTERCELLULAR AND INTRACELLULAR CANALICULAR system *through* which flowed solids and liquids in solution, conveying nutrient materials and all chemical substances, in transistion, from motion of mouth to the four emunctories, kidneys, bowels, skin and breath.

It is interesting to note, today, while blood still is and circulates, it is no longer regarded as *the* all important or major issue CAUSATION OR CURE of diseases.

It is further interesting to note, SINCE 1895, EVERYTHING has gone to nerves, "nervous tensions, nervous prostration, nervous exhaustion, nervous debility, run down nervous system" etc. Today, almost all treatments are directed to *nerve* tonics, etc. Today, almost all diseases are caused and cured by some theory of inability or ability of *nervous system* to carry its normal load. Today, magazines, newspapers, radio, T.V., are loaded with *nerve* tonics galore.

Today, blood is being shoved into background. Today, nerv-

ous system is king made so by the prominence and accuracy of the findings of Chiropractic.

It follows that, Chiropractic having been the parent of evolution of advancement of nervous system, replacing blood, then becomes THE leading exponent which is a concise knowledge and application of its own child.

Today, serous circulation, while being accepted by advanced thinkers in medical research, it has not been given the general and universal credit and place it deserves where chemistry is concerned, such as balance of serum in and urine out; nutrition in and waste out; acid and alkalies in balance or unbalanced etc. Given time, its place will be accepted and adopted and given its share of the educational load.

Only reason why WE have not stressed or made more prominent, this new and evolutionary study, is because it is a solution of symptomatology and pathology, *not* of cause or cure of same. We have ALWAYS been MORE directly concerned WITH CAUSE AND CURE than symptoms or pathologies.

Today, NERVOUS CIRCULATION is primary. Through its energies it controls serous circulation and flow of arterial and venous bloods, etc. WITHOUT mental impulse there would be no action in *any other* circulation, even to heart beating.

(If further interested in an enlarged study of SEROUS CIRCULATION, we suggest you study:

THE WET AND THE DRY MAN, in our Vol. 27 as well as SEROUS CIRCULATION in our Vol. 35).

Chapter VI

A STUDY OF THE EVOLUTION OF RESEARCH

IN 1935, SEEING AND FEELING confusion all about us, doubts everywhere, we decide to throw everything in the research hopper, including the multitudinous, varied, complexed theories of professions advocated by man OF our profession FOR our profession. Technics galore, wild and fantastic as many of them were, no explanations or a reason.

We included all these, *and* our own, to test and hold fast to those which worked, and discard those which were peddled for monetary reasons by glib salesmen.

To that end we built a one-million dollar research clinic. We asked for and received "problem" cases. Cases on which medical profession failed, came to you. Those on whom YOU failed, came to us.

We equipped it with many devices. Many questions WE asked. We devised, invented, patented much. We built a staff of 27 experts, each to his own.

35 years of endless labor has been devoted to testing any, many and all principles and practices, our own as well as others—all to ONE ULTIMATE END—did it, or did it not, make possible a normal change FROM a DECREASED ABNORMAL DISEASE FLOW OF MENTAL IMPULSE, OF NERVE FORCE FLOW TO AN INCREASED NORMAL HEALTHY FLOW OF MENTAL IMPULSE OR NERVE FORCE FLOW. In many instances, we found technics were dangerous, because its use DECREASED flows. Some were innocuous; neither helped nor hindered. Some were of practical value.

How did we test each technic? By measuring, calibrating and evaluating, net results, graphing eight simultaneous channels of flows both before and after the use of such technic or method.

In doing so, our integrity, or accuracy of our work was challenged, especially if the net result disagreed with *his* concepts. If our result agreed with his, we were angels. If the reverse were true, we were selfish, egotistical, conceited, etc.

The 'timpograph proved of *tremendous* value. This instrument alone cost \$100,000. We could recite our research on many of these technics, but time does not permit. Sufficient to say, WE proved what worked, what didn't. Often, after proving some technic, as delivered by himself on cases which we supplied, we would show proof, one way or the other. If the negative, he still denied our conclusion.

At all times and in all cases, we held fast *to that* which restored health and denied those which failed. For that and these reasons, we have confidence when we make statements based on conviction. For same reason, this makes us an authority on the provable. Today, we use ONLY those methods in the BJP CC.

Cases we accepted in the BJP CC for research purposes, were all kinds, colors, races, conditions, ages, international scope, even to dislocation and fractures. For these reasons, we pronounce that:

- a. ALL PRIMARY subluxations occurred in the occipito-atlantal-axial area.
- b. This was THE area where a vertebral subluxation COULD become etiologically malpositioned to the extent of *occluding* a foramin, *producing* a pressure, *interferring* with and reducing *normal* flow quantity flow to *abnormal* reduced flow, acting as the CAUSE of all dis-ease.
- c. Later, we were to modify this, in part, based on more recent and exhaustive study of our osteo labs.
(See our article THE DEAD STILL LIVE for a full and comprehensive explanation of what we mean in relation to this idea here.)
- d. Also, for this further reason.
- e. The SUPERIOR SPECIFIC vertebral subluxation would, at times and places, PROduce a *pathology of*

osseous structures in the spinal column INFERIOR to area mentioned.

- f. Such PATHOLOGIES produced lordosies, scoliosies, kyphosies, rotatory curvatures, sometimes to extent that such DID in actuality occlude an opening, PROducing A SECONDARY adaptative pressure, interfering SECONDARILY, WITH a SECONDARY reduction in flow, inducing a secondary inferior reduction in flow IN ADDITION TO the SUPERIOR REDUCTION in flow which PROduced the INFERIOR pathology.
- g. To make a distinction between PRIMARY CAUSE and secondary EFFECT, we termed SUPERIOR SPECIFIC a vertebral SUBLUXATION, and INFERIOR PATHOLOGY a vertebral MISALIGNMENT, and what we did was a correction, NOT AN ADJUSTMENT.
- h. We ALWAYS adjusted PRIMARY superior specific. Then we post checked, waiting a *reasonable* time, to see IF superior specific ADJUSTMENT checked out other interferences INFERIOR readings. If it did, we did nothing more.
- i. If it did NOT check out INFERIOR readings, and the SUPERIOR READING AND check out, then it was a question of judgment TO WAIT AND SEE whether SUPERIOR ADJUSTMENT corrected INFERIOR PATHOLOGY, thus releasing INFERIOR interference. If given time, such WAS CHECKED OUT, nothing more was needed being done at INFERIOR location.
- j. In our profession, *extreme* caution must be exercised to make a distinction between CURVATURES AND ADAPTIVE curves of spinal column.
- k. CURVATURES are based on caries, necrosis, tuberculosis, osteo-malacia and other oathological changes in the structural changes of vertebrae.
- l. ADAPTATIVE CURVES are based on a permanent *re-*

laxation of a muscle on *one lateral side* of spinal column, called *prilapsio* permitting opposite or normal side to have an unnatural pulling the column out of its duty of sustaining a gravity balance.

- m. Or, such can be based on the opposite condition of a permanent *contraction* called contractures of muscles, on one lateral side of the column pulling the column out of balance.
- n. Permanent *relaxation* is named PROLAPSIS. PERMANENT CONTRACTION IS NAMED CONTRACTURES.
- o. In either of these lateral conditions, there *need not be* any *pathology* of bone structure.
- p. This procedure carefully followed, prevents OVER-ADJUSTING WHICH OFTEN DOES more harm and damage than it does good.

INVESTIGATION TO DENIAL OF CHIROPRACTIC

During these periods of research, when much was misunderstood by many, to off-set some of this, various people offered much which was contradictory, but not substantiated.

One of these was issued in "The Lincoln College Bulletin," coming forth with the pronouncement that:

- a. "The intervertebral foramina were SO LARGE, and
- b. "the nerves existing between them, with their meninges and intermeningeal fluids, WERE so small and flexible and so did not fill the space, that
- c. "it was IMPOSSIBLE to have ANY pressure upon nerves at those locations, and thus produce disease at their perioheries."

If this statement WAS TRUE, then ALL THAT WAS DISTINCTIVELY CHIROPRACTIC, which set out as a separate profession, with an ideology, philosophy, science and art of its own, which was entirely new in the fields of getting sick people well, then there COULD NOT BE individuality to the CHIROPRACTIC principle and/or practice.

WAS this statement true, or was it fundamentally unsound?

THE FACT that what we did got sick people well on that premise, while good enough for us, DID NOT settle the question in scientific research AS PROOF. Medical man questioned our premise severely.

THAT question HAD TO BE SETTLED OR ALL WAS LOST.

Superficial study of any book on anatomy, with the exception of one, Spalteholtz, are entirely and exclusively based on work done in dissections, *long after* bodies have wasted from shrinkage.

HOW was this VITAL question to be settled?

Here is how WE approached this detail:

- a. We went to a local undertaker and asked permission to dissect and/or x-ray unclaimed bodies.
- b. This he refused because he was compelled to keep bodies at least 30 days, embalmed, pending lost relatives claiming the bodies.
- c. We next went to the Governor of Iowa, secured from him a letter to the Professor of Pathology and Anatomy of The State University of Iowa, granting us the privilege of x-raying ALL their dissection bodies.
- d. We were there asked what we hoped to prove. We stated our problem.
- e. He promptly told us *this* method would not prove or disprove our theory, because
- f. brain, nerves, being the softest substances in the body, shrunk everywhere from 40 per cent to 50 per cent within 24 hours after death. Shrinkage of bone was infinitesimal, even after months or years.
- g. He further stated they dissected their bodies in rotation, first in, first out, or a period of approximately 18 months between time they received a body before it would be for dissection.
- h. During this period brain and nerves, under formaldehyde, would shrink brain, spinal cord, nerves, between 85 per cent to 95 per cent, and bones only about 2 per cent.
- i. We then went to New York, hoping to find "pickled"

dissection specimens for sale, which might reveal information we needed. Or, if none could be purchased, where we could get such specimens.

- j. We were able to secure such specimens, but we were told, "There was only one place in the world where such a theory could be tested and proved, or disproved—The Spalteholtz Labs in Dresden, Germany."
- k. Inasmuch as all illustrations and descriptions in anatomies were based on dissections, they could not be the same as from the LIVING bodies, therefore, erroneous conclusions were unjustly decided as to size of nerves in their foramina, etc.
- l. There was nothing to do but go to Dresden, which we did.
- m. It is a well known fact, that the SPALTEHOLTZ ANATOMY was the finest and most accurate work on that subject. All illustrations in HIS book were taken directly from dissections, even the long dead bodies.
- n. It is a known fact, that in the field of anatomical research, Spalteholtz Labs were the greatest, finest and most elaborate of all researches and researchers, in the field of anatomy.
- o. It was also well known, that the German mind was the most intricate and exacting for fact finding in the world.
- p. We presented our theoretical problem to Drs. Spalteholtz, Guenther and Mueller. They stated THIS WAS A NEW THEORY IN ANATOMY; that if anybody knew the answer THEY would have it. They stated THEY had never had that question presented to them, and, as a matter of science they would like to prove or disprove it.
- q. They, too, were up against same problem of embalmed bodies with shrinkage, which they verified, which percentages equalled those of The State University of Iowa professors.
- r. However, Dr. Spalteholtz did state: "There was ONLY

ONE WAY this problem could be solved and settled—to QUICK DEEP FREEZE BODIES IMMEDIATELY AT DEATH, before any shrinkage COULD occur, then saw out sections TO SEE whether brain, nerves, spinal cord, filled cavities, canals, foramina, or not.”

- s. They stated there was only ONE WAY this could be done, get special permit from the German Government to quick freeze bodies in hospitals AT THE MOMENT OF DEATH BEFORE ANY SHRINKAGE COULD occur.
- t. Special permission WAS secured, and this process WAS followed in hospitals on unclaimed bodies.
- u. We remained in Dresden six weeks and helped with these dissections. As we look back, we are quite certain a few instances were quick-deep frozen just a few breaths from immediate death.
- v. The result of all this research, in LIVING BODIES, was that brain FILLED cranial vault; spinal cord FILLED spinal canal, desiccated nerves FILLED intervertebral foramina in their existing passing outward.
- w. As a result of this research, Dr. Spalteholtz issued a report on their findings. From that day to this, due to the prominence of men conducting same, this problem WAS settled and it has never been questioned by medical men or by men in our profession.

(It is regrettable that Drs. Spalteholtz, Guenther, and Mueller were liquidated by Hitler, and their Labs completely destroyed. Being Jewish was the reason.)

We were not permitted to bring home any dissections. We did, however, take photographs of many; sufficient to have documentary and documented proof of the problem and its solution.

(We have these photographs framed in our Osteo-logical Labs. Along side of these frames of photographs is a complete detailed report of this research, which we won't repeat here because of length.)

It took six weeks time there and cost \$5,000 to settle once and for all this fundamental and basic question, upon which the Chiropractic principle and practice rested.

PROGRESS WITH MANY COMES SLOWLY

All these branches of research, instead of suggesting better ways and methods to OUR profession, we find many continuing to pitifully, wastefully, and wantonly dissipating THEIR incomes foolishly on endless MEDICAL methods, all of which MEDICAL men have tried, tested and found wanting.

The day always comes when some of our people realize their mistake, then they repeat, make another just as bad or worse. All this because they do not seek evidence, proofs, facts which would materially increase their incomes, patronage, clientele, saving much wasted time and labor, getting more sick people well, with deep satisfaction, deliberation and certainly to himself and all concerned.

It takes many researchers, years of time, studiously at work, in various laboratories, to develop better ways to transpose complex theories to better, more practical and workable ways; to utilize *abstract* principles into improving substance human services. It is true ordinary mortals are unable to profit from and buy these products without going through tedious grind of similar researching procedures for our, or your services. THEIR labors are OUR advancements. The few expensive laboratories, make it possible for many to later buy what THEY have produced at a minimum of cost TO US.

Just as it was our heritage to find RIGHT answers to why and how to do all things We did, as we learned how to do them, to seek solutions to hitherto mysterious human sickness puzzles, involving welfares of a race, so is it not NOW necessary for every follower of OUR profession, to repeat this tremendous task, expense and labor of equipping THEIR OFFICES to accept OUR solutions of THEIR problems with similar cases.

All this was done BY US FOR THEM. Although complex with us, it is now so simplified that at little expense, with minor installations, HE can use what we have found the easy path for HIM.

Same is true of the ordinary every-day sick person. He can go to the properly equipped up-to-the-minute Chiropractor, and at little cost, secure health service, get well, without loss of valuable time in hospitals, and expensive surgery; getting well as the result of OUR research FOR HIS DOCTOR AND HIMSELF. Getting well, today, is NOW A SIMPLE procedure.

Chapter VII

POSITIVE THINKING

REGARDLESS OF NATIONALITY, race, color, religion, 2x2 equals 4, not sometimes but always. It's that constant, fixed, perpetuality, and permanency, that law of stable stabilities; the same in application yesterday, today, and tomorrow, makes mathematics a science but standardizes business, commerce, finances as well as the perpetuation of the human race.

Imagine, if you can, what chaos would exist IF every person fixed and used a variable and individualistic rule of mathematics of his own, each to his own likes or dislikes, dis-agreeing with all others.

Regardless of nationality, race, color, religion; yesterday, today and tomorrow, Innate has been, is and will continue to be THE indefatigable and an unalterable factor of every *living* being; not sometimes, but always, following the concepts of ITS rules and regulations, flowing from ABOVE-DOWN, INSIDE-OUT. You cannot change that law.

This Innate, male and female, knows how many seeds to plant, where and how. Slightly later, this same inflexible Innate, in the mother, KNOWS the precision of mathematics, how many cells to build, how many to place here and there, and when and how to start them into health action.

This same Innate knows chemistry in all its human labs, how to take raw products, convert them into acids and alkalines, in proper qualities and quantities, distributes them in proper localities, at right time, as IT alone knows its needs.

In each individual, vertebral subluxation accidentally interferes with this INTERNAL LAW at work, which always has been, is now and will continue to be THE INTERNAL cause of disease. Its adjustment correction permits that INTERNAL Innate to cure its ills—in everybody alike.

It's that constancy, fixed, perpetuality, and permanency of that universal law of fixed stability which makes the Chiropractic

PRINCIPLE of a knowledge of ABOVE-DOWN, INSIDE-OUT, a science.

All goes well and works smoothly UNTIL the child is born. From then on, Innate is an ignoramus, a dumb-cluck, knows nothing about 2x2 being a law, is unfit to be its own chemist; so, four-years university, two-years pre-collegiate, basic science educated graduate, interfering from the outside, knows more than enough to take over and prove HOW LITTLE HE KNOWS or can do to control the sick of another, from OUTSIDE-IN, BELOW-UPWARDS.

Imagine, look, see, what chaos DOES EXIST IN MEDICINE, WHERE EVERY medical man IS a rule of his own, each a variable unto himself, where no two diagnose alike, treat disease differently, none agree, all disagree as to cause and cure, fluctuation at *all* times with *all* their approaches, do not *now* succeed and never will under their brilliant antiquated theories of cause and cure coming from OUTSIDE-IN, BELOW-UPWARD. Medicine is constantly fluctuating. History is replete with experimental treatments, causes, cures, nothing stable. There is no reliability to changes which issue from educations from OUTSIDE-IN, BELOW-UPWARDS.

Marcus Bach has said: "All religions that are good, lead to God." We modify that by saying that "God works with all religions that are good." All chiropractors who are Right with Innate, lead to INNATE; or, we can modify that to say: "Innate works WITH all chiropractors who let Innate work THEM."

What a blessing TO KNOW that we as chiropractors HAVE a fixed law as our beacon we *can rely* upon, that always works If worked, in spite of us, rather than because of us. What an absolute confidence we DO place in the reliability of Innate ALWAYS ON THE JOB, WORKING FOR US, from ABOVE-DOWN, INSIDE-OUT, and is working FOR US to get sick people well.

The Innate principle of chiropractic, from ABOVE-DOWN, INSIDE-OUT, is little short of being a religious way of life. It does not modify or amend any religious faith, or belief, it merely ADDS something practical to IT.

Chapter VIII

IDIOSYNCRACIES OF SCHEMING TECHNICS

YEARS AGO, when there was NO legislation, we had a profession of sincere, conscientious, thoroughbred, true-blue people who knew Chiropractic from top to bottom, inside and out, *from above-down, inside-out*.

Then there gradually came this hue and cry about “respectability,” *conforming* with the great mass on unwashed, doing what OTHERS did, as they did it; talking THEIR LANGUAGE, NOT OURS.

To meet these new-old medical concrete *physical* standards, some of them our weak sisters sneakingly and stealthily began to slip in the medical back cellar door. Eventually, as younger present-day “educated” people came into our ranks, they became bolder. They organized medi-practors—those who wanted to be half and half, as much as medical as they could tolerate, support and endorse and yet TRY to get results within the laws with the Chiropractic principle and practice which was a jumbled, mixed, complex, half and half, etc. Today, we are battling to save the original new concept with its tenets of what, when exclusively used, gets sick people well. Will we succeed? Time will tell.

Peculiarly, we have many hybrid mixed breeds—those who KNOW medicine, who have used it and failed, and ones who seek a complete and thorough knowledge of all which is Chiropractic. The latter, having been through the mill, know The difference.

From March 1960 issue of THE PISIFORM published by PSC Student Body:

RUMORS?

When most of us arrived at Palmer, rumors were flying about courses that could be taken for \$20.00 or \$30.00 in adjusting techniques which were taboo here at school. This went on

before any of us got here; it is going on now, and it will continue to go on after we leave, until the policy of the school is altered. It has been this writers experience that most of these paid courses have been nothing more than gatherings of interested students exchanging bits of knowledge that they picked up on their own. Be that as it may, members of the faculty have repeatedly stated that they wish there was some way to put a stop to the technique shopping of the student and their use of diverse types of adjusting that the school administration deems dangerous.

This is a pretty miserable state of affairs.

Perhaps these techniques are dangerous, but knives are also dangerous. When a surgeon picks up a scapel, he is aware of its shortcomings and the danger of its use. Yet by its proper application, the longevity of many of us is extended, as even B.J. can attest. So it appears that the only way to get rid of this technique menace is to teach all of these techniques here at school. Teach them properly and give the students concrete evidence of the dangers, if there really are any, so the chiropractor will be better able to scientifically adapt them to a patient's needs. After all, a little more understanding never hurt anyone. The cause of the whole unsavory business lies at the feet of the school administration, yet the search goes on for a solution everywhere but right here at Palmer.

A question we all know the answer to may be well to ponder: Why do so many of the students here want to learn these other techniques?

Who knows these technics better than one who has lived through it all?

This series of explanations started when, one day, one student spoke to us on the street, saying, "I would like to see you and talk over a school problem in which I find myself muddled and all mixed up. I don't know where I am or WHAT to believe or to do." The interview was granted.

It was also reported to us who this man was who was holding outside classes. Talking with him later, we found he was playing back our many taped talks on philosophy. He told us he was letting students listen to them so they would get OUR basic and fundamental philosophy "from the horses mouth," who knows it most and best without complexities or complications. We found no fault with these presentations.

When Harvey Lillard was adjusted, it consisted of crudely and roughly shoving a bump in the neck, which got results. Fortunately, it was delivered on a one-piece, flat top narrow table about knee-high. (This first table is now in our museum.)

Later, D.D. went down the back hunting far more bumps, thus including the entire spinal area.

Later, Charles Ray Parker started a school at Ottumwa, Iowa. One of his graduates was Solon M. Langworthy. Later, Langworthy added Minora C. Paxson and Oakley G. Smith to his Staff. They started a school at Cedar Rapids, Iowa, which was a large Bohemian colony. It was not until some of these Bohemian people convinced these three that a method called "Napravit" was used in Bohemia which had much merit. This method consisted of having the sick person lie on the floor, back up. A small child would walk up and down the patient's back, which was bare, in his bare feet, after which some sick people reported some improvement.

Dr. Paxson adopted this "Napravit" method. Instead of laying the patient on the floor, she had them lie on a flat-top table. Instead of having a child walk up and down, with bare feet, on their bare backs, she began at sacrum and pushed each and every vertebra anteriorly and superiorly even to the neck. This became known as the "Paxon Move."

Later, these three wrote a book on "MODERNIZED CHIROPRACTIC."

Naturally, D.D. opposed this infiltration into our youthful and few members of our profession. Like many subsequent "moves", it eventually petered out.

Still later Minora C. Paxson moved to New York City presenting her all vertebral superior adjustment.

Later, Oakley G. Smith moved to Chicago and started a school of NAPRAPATHY based on the Napravit idea.

All of these, like many other "moves" have passed into the limbo, dead, forgotten, and buried.

About this time, when our numbers were few and our knowledge of spinal columns and vertebral subluxations was extremely limited, Charles Ray Parker and twelve others of us joined together and formed the UCA to defend Shegetaro Morikubo, who

was arrested for "practicing medicine without a license" at La-Crosse, Wisconsin.

About this time, Parker announced his "Famous Parker Lumbar Adjustment" for which he charged \$500. At one annual UCA meeting we asked him to demonstrate it to our handful of budding Chiropractors. This he refused to do unless he was paid \$500 each. Later, he was chided into demonstrating it.

His patient, a corpulent woman, was face-down on the flat table. In those days, Parker wore a Prince Albert long-tail coat to make him look "More professional." He straddled his patient like a man in the saddle on horseback; drew up the tails of his coat over and in front of his hands so no one could see what he was doing. Concealed as his hands were, he made three rapid plunges on three indiscriminate lumbar vertebrae, jumped up and off the patient with a smile on his face, as much as to say: "There you are—what did you see?"

We knowing what he did, as *he* did it, *we* then explained and demonstrated to the mere handful what he did as he did it. Parker left our convention in disgust, with chagrin at our "robbing" him of a fee for instruction." After that, he was in disrepute in our small profession. All he did, hiding his hands under his coat tails, was to rapidly plunge up and down on three contiguous vertebrae without knowing which ones he was on or off of. This was his "Famous Parker Adjustment, Lumbar" for which he charged \$500.

Like many another "move" since, it has passed out of the picture.

From those early uncertain days, we went through many transitions:

- a. Palpating with three fingers, gliding up and down spinous processes or on transverse processes; seeking to find irregularities in juxtapositions of one vertebra with its contiguous ones above and below.
- b. Eventually, nerve tracing came into the picture. To trace tender nerves FROM sick organ, posteriorly BACK TO entrance of those tender fibers INTO the spine. This searching and seeking more exacting lo-

cations of places to adjust, based on certain tender areas rather than the overall spine methods, came into vogue. Our Vol. 13 contains a complete exposition of nerve-tracing work. It made it possible for us to know THEN more accurately where to and where not to adjust.

c. Taut-and-tender-fibers-technic was later based on a knowledge of where tender nerves *had entrance* to the spinal column, without the necessity of going through the formality of tracing nerves FROM sick organ TO their entrance. This saved much time to reach the same ultimate conclusion.

d. Majors and minors grew out of this approach.

In February, 1910, *we* took *the first* x-ray of the spine. Dr. C. R. McAdams, in our school, was second, in 1912. The Scheidel firm in New York made the first X-ray machine for Chiropractic purposes, and the first machine was called Scheidel-Western. *We* purchased *the first* X-ray machine, and began teaching spinography in April, 1914.

To ridicule our Chiropractic contention that vertebrae could be subluxated—one between in relationship to its superior and inferior companions—and that any man, woman, or child could move them by hands only, medical men took three contiguous vertebrae recently removed from a cadaver, hung them up, attached hooks into the lower one, attached weights on wires to these hooks, and by physical tests proved that it would take over 2,000 pounds of DEAD WEIGHT pull to separate one from the other—so great, powerful, and strong were ligaments, cartilages, and inter-vertebral cartilaginous disks between them. Thus they proved by PHYSICAL dead weight tests “it would be impossible for any person to move them by hands only.”

To overcome this theory of vertebrae being impossible to move because of the strength of their connecting muscles, ligaments, cartilages, etc., to overcome this dead weight inability of man to move them, we had two canvas bags—one on each shoulder—filled with 100 pounds of shot, so that our DEAD WEIGHT push had enough power to overcome the DEAD

WEIGHT necessary to correct vertebrae when subluxated. Thanks to good judgment, this method did not last long.

On one of our trips to Japan, we became interested in the art of judo or jujutsu. We learned *the working principle* with which we were more interested than in the principle of same.

The two dominant principles are:

- a. to overcome the strength of the opponent by taking advantage of his strength, converting it into his weakness
- b. the sudden attack, taking him by surprise.

We were taught some of the methods.

It soon became apparent there was a principle here *we could use* in our adjusting approach by overcoming the tremendous strength of muscles, ligaments, cartilages, intervertebral-cartilaginous-disks, etc., by introducing SPEED into the approach. This became apparent in our Palmer Recoil Toggle Adjustment.

One day, in our printing plant, we studied our immense 48" paper cutter. It could take a stack of 1,000 sheets of 48" paper and cut through with the ease of a hot knife cutting through frozen butter.

The principle involved was a *DOUBLE TOGGLE* joint action combined with recoil speed, which made this possible.

A scissors is a *ONE* toggle movable joint cutter. Our paper cutter had a *double* toggle joint action—one long one, one shorter one. Two combined multiplied many times the strength of performance.

A one-toggle scissors can cut a certain amount in overcoming a certain amount of resistance. By adding a second toggle, lower down on those blades, first toggle is multiplied many times in the second.

How could WE use a double toggle, with speed, to overcome resistance of vertebrae in adjusting?

Flexibility of two elbows, suddenly cutting together in speed action was our first toggle. Hands folded, one wrist over other, formed second double wrist toggle. These two joined together moved with speed, focusing all force to one pivotal point, pisiform bone on wrist immediately over and in contact with vertebra to be adjusted, made *little* force deliver *much* work.

Up to about this period of time, majority of our work was done on the materialistic side, dealing with PHYSICAL bodies. There was slight exceptions, such as when we were on tender nerves when tracing a nerve.

Then came the NCM, followed by NCGH, then the 'timpograph. Now we were studying internal inherent abstracts.

For every vertebral subluxation there are four comparative elements:

- a. misalignment (physical)
- b. occlusion (physical relationship)
- c. Pressure (abstract)
- d. reduction in mental impulse full free flow (abstract)

Spinograph and palpation hypothetically thought it located the first two; but no matter how correct, it was not sufficient to clarify second two.

Later two established where, when, where not, when not, how much interference, when adjustment was such or failed to clear the route for normal supply. These three fields of study opened an entirely *new* continent of research as our exhaustive volumes on file, and our printed works, prove. It opened an un-researched field for religions, immaterialists, psychologists, metaphysicians. It proved ONE cure for ONE dis-ease, as nothing else has ever done in the history of man.

Now begins a series of a few experiences we have gone through.

Some years ago, we decided to offset much conjecturing, seeking and buying at outrageously high prices from peddlers, by printing a book titled AN EXPOSITION OF OLD MOVES.

As we recall at this late date, we illustrated and explained some 32 "moves" which we as well as others had advocated, presented, and thought best as *the* ways and means to better adjust vertebral subluxations, all of which were based on PHYSICAL approaches.

This book sold then, as today, for \$5. We now would not give 5 cents for a copy. We found, though, down through the years, there were unscrupulous peddlers who would select one or more of these, go about the country putting on so-called schools, teaching scores of them. Chiropractors showed much, little, or no in-

terest in them, even though they bought and paid high prices for them at these "schools." Whether it was curiosity, interested, or a sincere search for better methods than they thought they had, we had no way of knowing.

Once upon a time, a man in Omaha developed a large desk arrangement of rheostats, with a contrived series of electrical works inside the desk, which necessitated an electrical circuit to make it work, to bring forth information he was seeking.

He phoned, inviting us to come, see, and investigate. We told him we would come IF we could bring an electrical engineer. This he refused. Two weeks later, he reconsidered, and again invited us to come with our electrical engineer.

We arrived on a sleeper in the morning, were met at the depot and taken to breakfast, after which we were entertained by being driven around town, shown the city hall, library, city jail, hotels, zoo, parks, etc. When we asked when we were going to see the demonstration, we were told "It is being set up in a room in the hotel and we will have the demonstration this afternoon."

After lunch we went to the hotel room. He had several patients there. He started his experiments about 1:30 and continued until 5:30.

The demonstration consisted of a bared abdomen: a long glass tube with an electric wire in it heating it, which was glided over and on the abdomen. At certain times and places, it seemed to "stick" to the skin; then this determined what organ was involved. The abdominal wall was topographically mapped out for all body organs, such as eyes, ears, throat, heart, left and right lungs, stomach, etc. If, as, and when the tube "stuck" at A CERTAIN SPOT, this indicated what organ was sick. In manipulating the series of rheostats, he then diagnosed the disease as either cancer, syphilis, or tuberculosis—always one of the three. By reversing the process of "positive and negative" tests, he said he was able to treat and cure these diseases with the same instrumental set-up.

About 4:00 P.M., our electrical engineer, with intent and purpose, passed behind the desk, between it and the wall, and "accidentally" kicking loose the electrical connection, by kicking

loose the plug. The operator went on making "positive and negative" tests, just the same. At 5:00 P.M., our engineer asked "Do you have to have the instrument connected with the current to get correct readings?" He said he could not get any reading WITHOUT the current. It was then our engineer told him he had been making tests for one and a half hours WITHOUT any current. This non-plussed our demonstrator; he was chagrined to think we had pulled a trick on him. We left, satisfied that his entire gadget was a fake and a fraud and was only a complicated device to fool the average person who would not go beyond surface appearance of his readings.

The electric heat current in tube generated a static electricity which would at some place be discharged on the skin of patient. He produced static electricity in the tube by rubbing it with a chamois cloth. In this way, he could produce the discharge anywhere in the abdomen. Obviously he HAD TO HAVE electricity which he produced by rubbing the tube to produce the heat, to produce a static discharge.

Notwithstanding our tests and repudiation, he continued making and selling them for several years to the credulous who knew no better. Today, this man and his device are no more; it is not on the market.

At another time, one of our true and tried, most sincere and honest fellows purchased and used a similar instrument embodying the same Abrams principle of radionics.

After using it two years, he was so highly delighted with its diagnosis and treatments of a whole line of diseases that he wrote us many glowing reports, stating "it did things for patients that Chiropractic itself could and did not do."

Frequently, he wrote us encouraging us to come, see, investigate for ourself. Knowing the Abrams radionics PRINCIPLE involved, knowing it has been exposed many times by many sane and sound investigators, we refused to go.

Upon our refusal to go, he then invited another former PSC faculty man then connected with another college. He went and asked "Does this instrument locate THE vertebra to adjust?" "No spent one whole day watching tests made. Towards evening, he

it diagnoses, treats, and cures." "Then," said that investigator. "I am not interested," and went home. Thirty days from that time, that college publication listed that same instrument for sale.

We then purchased TWO of these instruments through other people (they would not sell to us direct). We called in three electrical engineers, gave them ONE of these boxes, keeping the second intact; asked them to open it and give us a diagram of the circuits; whether it would do what was claimed, etc.

Opening the box, they found its space filled with 14 pounds of pitch. This was removed without disturbing works inside. They found "open wires, no connections made with many of them," etc. Daigrams were drawn, photos taken. They made a joint three man report, sworn to by affidavit, all of which we published in our FHN in those days. Thirty days from date of that publication, that college stopped selling them. (This equipment now is our museum.)

One naturally would suppose that INTELLIGENT men, as those former PSC men were supposed to be, would have investigated BEFORE offering them for sale, approving, supporting, and endorsing them for use by the Chiropractic profession.

The question often arises in our mind, what was their motive? Was it money, regardless; was it to agree without disagreeing with same; was it to gain what they thought was prestige; was it to disagree with the fundamentals B. J. stood for? We possibly will never know the answers to many of these questions.

Later, the owner of this gadget saw the error of his ways and today no longer uses it.

One of the most interesting technic experiences happened in Davenport.

A physician practicing medicine in Davenport, had a wife with cancer. He took her to D. D. Palmer who gave her adjustments and saved her life. This left a lasting impression in his mind, notwithstanding it contradicted his teachings. Years later, his practice dwindling, seeking ways and means of making money, he hit upon the Abrams radionics system. He sent to Abrams and bought a complete outfit.

To understand what happened later, we must describe this

outfit. It consisted of a small stationary platform large enough for patient to stand on, slightly raised from the floor. It had a copper plate on top. On top of this was a revolving platform which would turn in various directions. On this was another copper plate on which patient stood. Both of these copper plates were connected to wires which were hooked to a water pipe to act as a shielding ground. Patient also held a small metal tube connected with the water pipe grounding the patient's body.

During test, patient had to be completely nude. No metal, such as earrings, necklace, etc., could be worn.

Room had to be darkened; no noise permitted; no motion to disturb the test, etc.

Abdomen was topographically mapped into sections, with theoretical perpendicular and horizontal lines to correspond in areas to the various organs of the body.

Technician faced patient's body, first east and then west, then north and south. He then would place two fingers of his right hand ON abdomen, gliding them up and down from side to side. While doing this, he took TWO FINGERS of his LEFT hand and tapped his TWO FINGERS of other hand, gliding ON and OVER the skin of patient. What he was seeking was a "LIVE" sound or a "DEAD" sound.

The doctor had a comprehensive understanding of the Chiropractic practice of seeking THE correct subluxation in the spine for adjustment. HIS method of determining WHERE the right vertebra was, with his "LIVE" or "DEAD" line areas of the abdomen. This was such a marked contravention to our PSC method of locating the subluxation that it wasn't long until HIS method leaked out to our students, who went down nights to his office to learn what he was doing, WHY, and HOW.

We asked permission for several of our faculty to go, look, see. This was readily granted. They returned surprised, astonished, and wondered if HE was right and WE were wrong.

To get a better and broader understanding of what had our school and its student body in an uproar, we went to San Francisco and bought a complete Abrams outfit. Meanwhile, we asked him if WE might come ourselves and watch his work. The

fact that WE did this gave credence to our students that "He must think there is something to it, or why would he want to go and investigate?"

For several nights, we watched. Sure enough, he did get "LIVE" and "DEAD" areas. WHY? On the third night, we got down close and watched his hands. We discovered his "trick", for such it was. BY SEPARATING THE TWO FINGERS ON THE ABDOMEN and then tapping them with the two fingers of the other hand, he could get a "DEAD" line ANY PLACE he arbitrarily wanted. By placing his two fingers ON THE ABDOMEN TOGETHER, and then tapping them, he got a "LIVE" line any place he wanted it to be. None of the Abrams equipment was necessary. That was all window-dressing.

Having discovered this trick and now having OUR Abrams equipment, one night we called our PSC faculty to our home. We duplicated everything exactly as the doctor had it—nude bodies, no smoking, silence, no metals, platforms and patients ground to water pipes, etc. We then proceeded to locate "LIVE" or "DEAD" lines at various places. Our faculty was nonplussed.

We next violated ALL of his rules; turned on all the lights, asked everybody to smoke, talk all they wanted, wear all metal they cared to, such as watches, rings, etc. We then gave each faculty man a skin-marking pencil and asked him to close his eyes and arbitrarily make a mark some place on the abdomen, and designate whether he wanted a "LIVE" or "DEAD" line. We then proceeded to fulfill his orders in perfect sequence. They couldn't understand HOW we did this. Then we explained the simple "trick" that had everybody confused.

(This Abrams equipment is also in our museum.)

We explained to him this "trick" which he frankly admitted. He then quit work in his office.

The next problem was how to present this to the student body, some of whom were for OUR methods and others were for following the doctor's because his analysis seldom agreed with ours. Confusion existed in our clinic as to how to locate and where to adjust subluxations.

We decided to duplicate the technic to the letter. We

darkened the auditorium, demanded complete silence, no smoking, no metals on patients we were checking, using same Abrams equipment. We had a committee of skeptics come up and watch us. They saw that we DID find "DEAD" and "LIVE" lines, which differed from The PSC methods of ascertaining such. They saw the technic we used WAS the same as his.

After satisfying these committees that WE DID JUST WHAT HE DID, we then violated all rules, turned on all lights, permitted talking, smoking, metals, etc. The only difference from his technique was that we did not require nude bodies before our student body, for obvious reasons.

With same committees on stage, watching us CAREFULLY, we then asked them to arbitrarily mark abdomen WHERE they wanted a "LIVE" or "DEAD" line to be. We then proceeded to produce desired results at will, to their satisfaction. Still they did not see HOW we did it.

When we finally explained that the "trick" was the difference between keeping two fingers TOGETHER or SEPARATING THEM on the abdomen, and tapping them both ways from any direction with the other hand, facing either east or north, they still thought IT WAS WE WHO WERE FAKING, NOT THE DOCTOR. Some we convinced, some we did not; but eventually we had proven to *our* satisfaction that Barnum was right—with the exception that instead of one every minute, it was one every second.

We once asked Harry Blackstone, the Great Magician, "What is the great objective in all magic?" His answer was, "Misdirection—to deceive the eye to where it does not see what it thinks it sees." The doctor used this principle to where only ONE man saw the "misdirection" which we had learned under the tutelage of Blackstone.

(Blackstone and his wife and son were our close friends for many years. We entertained them many times in our home, in our school before our student body, and we have been entertained by them at various places around the country when our paths met. Blackstone and his wife were patients in our clinic.)

FRANK FREENOR FIASCO

Some years ago, two months before our Annual Lyceum, Frank Freenor, D.C., Ogden, Utah, came to Davenport. Shortly after arriving, he came to see us.

Here was his story:

"I have developed a new, sensational, all-enveloping, better-than-any-other adjustment, good for any and all subluxations from atlas to coccyx, which gets quick, positive, permanent results. You need it here. I will sell it to you, sight-unseen for \$50,000. If YOU don't buy it, you will regret it all your life."

Our answer was swift and clean-cut: "We never have and will not now buy any so-called "move" sight-unseen, without knowing WHAT it is, WHAT it does, HOW and WHY. If you've got what you claim, you need not fear of revealing its character, demonstrating it to us, after which we will pass judgment as to whether it is worth what you ask for it."

Any progressive step we have ever made in elucidating our problem wrapped in and around adjusting vertebral subluxations, we never have SOLD one or OFFERED ONE FOR SALE; neither have we travelled about the country peddling for a price any technic *we* developed. Our interest went to the tap root of a service to the profession direct. At Lyceums, we were ready and anxious to display what we had, and give it free if they wanted it.

Because we refused to buy, Freenor went to the Hotel Blackhawk, rented two rooms one each on the opposite sides of the hall. One room was to hold "the multitudes" he said would come to buy his technic. Other room was for his demonstration.

One by one they were taken in ALONE. First thing done was to swear each D.C. or student to absolute secrecy, to not tell another from the field, in school, or its faculty, etc.

Frank was one of those high-pressure, glib, fast-talkers who could exaggerate a mole hill into a volcano; income from pennies to thousands of dollars, daily. Only one with common-sense resistance could overcome Frank.

It wasn't long until he had dozens of students buying his

wares, even though they owed us for tuition. Somehow they were able to dig up \$100 cash for Frank. Nothing BUT cash bought Frank's "move" sight-unseen.

As they came out of demonstration room, each was jubilant, tremendously enthused, praising Frank as the one to save Chiropractic; that while his move cost only \$100 it was worth thousands. And all were anxious to get back to their practices to rake in bushels of big bills.

One by one they would come to us with smiles galore, words of great praise. "It was worth millions, B.J. You must buy it or, as Frank says, your school will be closed in less than 90 days." (This is written 25 years later. The PSC is still here, bigger and better than ever. Where is Frank and his "move"? Where are those innocent children who bought and were "sold"?)

As Lyceum approached and time got shorter, with enthusiasm running high for Frank and his "move", no matter WHOM we asked we could get no clue from anybody as to what his "move" was. When we asked what it was, everybody—and we mean everybody—closed up like a clam.

And, while we recall this incident, let us tell you the people who bought Frank's "move" were for the most part SOME OF OUR VERY FINEST FIELD MEN. Not all were innocent dupes or ignorant people who bought worthless stocks to buy a gold mine to get rich over night. Those who bought surprised US no end. The mystery they wrapped up in their silence had EVEN US guessing about what this famous fantastical "move" was.

On Wednesday night previous to Lyceum, one of our students asked to see us at home. WE were glad to see him. He told us he "had bought Freenor." We let him talk. After about an hour, notwithstanding his intention to keep his secret inviolate, little by little he began to elaborate indications leaked out in spite of himself. He was carried away with enthusiasm. With him doing ALL the talking, we SUDDENLY REALIZED EXACTLY WHAT HE WAS REVEALING. We went to our book, AN EXPOSITION OF OLD MOVES, turned to one of its pages, and from then on WE TOLD HIM MORE ABOUT THE POSSIBILITIES OF *THAT* MOVE AND ITS HISTORY,

after which he said, "You have told me more and better about the Freenor move than he ever has told anybody I know." Why shouldn't we? It was one of OUR old moves which we developed years before and discharged for better ways of increasing our percentage or successes, and reducing our percentage of failures. After all, THAT has been our earnest desire down through ALL the years in all our developments of all our technics.

Here was Freenor stealing ONE of OUR OLD MOVES, blowing it up all out of proportion to its value. Now that we had Freenor between the rollers, in the pinchers, behind the eight-ball, the question was what to do to him, to expose his nefarious graft.

We called him at the hotel Sunday, first day of Lyceum. We requested him to attend our first lecture that night in the tent. We reserved a special seat for him in the front row where we could see him. He thought we were thus honoring him. Little did he know what was to come.

We then and there explained the situation, explained the move itself with a larger comprehension than Freenor knew, which WE had gone through years before. We told that audience where they could get an explanation of it and an illustration of it, in AN EXPOSITION OF OLD MOVES (\$5). We then announced that for the first time we became a benevolent autocrat by giving away \$80,000 worth of free information that night, to every person in the tent. There was no denial of the accuracy of our facts from Freenor or any of those who paid \$100 to get it. That next morning, Freenor sneaked out of town like a whipped dog with his tail between his legs.

So endeth another tale of humbuggery propagated on our profession.

A MOST MYSTERIOUS AND BAFFLING TECHNIC

Before beginning to describe this technic, let us start what the inventor, designer, originator has to say for his theory or idea:

In a letter dated January 20, 1960, we received the following:

"If a chiropractor allowed Innate Intelligence to guide his

educated self in developing an analytical procedure wherein Innate—within patient—would be allowed to reveal location of the subluxation and the complete listing, indicating where and when to adjust—then the ultimate in chiropractic would have been reached.

“The above has been done.

“From this procedure we have been aware of these facts and are prepared TO PROVE that:

“1. Innate within patient will respond when proper tests are made OVER THE SPINE, indicating proper listings and sequence to be followed in adjusting. If atlas subluxation were to be represented by number 1, and the misalignments by numbers 2, 3, 4, 5, 6, we can prove that Innate within the patient will indicate the proper adjusting sequence to be 6, 5, 4, 3, 2, 1.

“2. Innate within the patient will indicate when patient is free of all interference due to subluxation.

“3. External invasive forces which produce subluxation include (a) Incorrectly fitted SHOES—whether too long, too short, or too narrow; (b) FOOD incompatibilities, peculiar to each individual, CAUSE subluxation also. The effects of one serving and ingestion of these substances WILL CAUSE subluxation which will last four days. As the subluxation is produced, Innate within the patient resorts to a specific type of spinal compensation to reduce which has been produced. This type of adaptive compensation is readily recognized and left alone until Innate within the patient indicates adjustment is in order. From the moment an offending substance is eaten a time elapse of FOUR DAYS is necessary before indication of the proper time for adjustment will appear. A simple analysis will reveal which food, chemical, or drug offended and should be avoided in the future.

“4. Most patients under any type of chiropractic care are being adjusted back to and left IN COMPENSATION, which of course brings a reduction of nerve interferences. This compensation, in many cases, gives way easily to falls, strains, and emotional symptoms. These patients require many more adjustments than they would if the cause of their subluxation were found.

“My job as a chiropractor is to locate the interference—try to figure out what caused it—remove same by adjustment.

“5. —See to it that it does not return (to the best of my ability.)

"I hope Innate in you will permit your PERSONAL investigation of the foregoing. I feel this is very important to you and the school. I am prepared to come to Davenport for I have patients who will cooperate and act as subjects for demonstration if you will express interest."

This man asked for TWO WEEKS of our time. We set aside Sunday, May 8th, at 9:00 a.m. He was promptly on time.

Upon arrival, this man had a specially built beautiful table which he brought in a U-RENT-IT trailer.

He brought 5 ADULT PATIENTS, 2 children.

He had a large square flat box filled with samples of 512 chemicals, foods, liquids, drugs, sugars, oils, all of which were in small bottles, neatly arranged in the box, all of which were indexed by number to correspond with descriptions numbered on the lid. He had to go a long way to get 512 DIFFERENT articles for his testing.

His daughter was the patient in all tests went through—a girl about 6 or 7.

In one test he put ordinary beet sugar on the palm of her hand; left it there about 5 seconds—not more than that—then brushed all off with a clean cloth. He also had a small vial of milk which she was asked to sip a bit of, after he tested it, saying it never "compensated." Three grains of a well-known cereal were placed on her left hand, remained a few seconds, then completely wiped off. He said all tests reacted as a poison to his daughter. Milk that had vitamin B would get an atlas subluxation. These 512 foods, liquids, cause subluxations. Changes will occur in "compensation" in four days to the hour.

As best we could get it, his theory is that when something is done in, on, or about the body which Innate does NOT like, it "compensates."

His tests were all measured by comparative lengths of both legs, from ankles down, hang over and off the table. He would ascertain which one was longer or shorter than the other. Then, according to his chemical, liquid 512 different forms which he might or might not put on the palm of his patient, they would "compensate" and shorten the long leg or lengthen the short leg.

If that didn't occur in either instance, Innate did not deliver "compensation."

After each test, he would grasp firmly both ankles, jiggle them a bit, then jiggle BOTH legs, after which he would give one slightly superior thrust—not heavily but perceptibly which we could plain see (more often, the right leg, possibly accidental, although it was consistently used.) This was done repeatedly after every test was made to see if Innate "compensated" or not.

At times, in making these tests he would have his daughter lie on her back; other times on her stomach. In either instance he would jiggle the legs and slide them up once, two, or three times, after which he would jiggle and test again to see what the length of the legs were. Neither position seemed to make any difference in "compensation" which Innate was supposed to perform on those legs to enlighten him what to adjust, where and how.

(He once said, during the tests, that he had read our analysis of the Truscott System. Truscott brought this to Davenport at HIS request and wanted us to test its reliability and worthiness in the Chiropractic field. This full break down is printed in one of our books. After proving to Truscott that his premise, concept, principle, and practice of measuring legs were NOT well founded, which HE ADMITTED when we offered the proof and evidence now in our book, he went home to California. Our man in these tests said, "But our leg-length tests are different."

Finding that he got no change in leg length although he said they did "compensate" on his daughter, he now had several OTHER ways of securing "compensations."

He said HIS left hand was THE POSITIVE hand; right was the negative hand. Then, seemingly arbitrarily, making no realistic choice, he sometimes used the tip of the thumb of left hand, or same on right hand. He would rapidly reach OVER the clothing, point the tip of his thumb or first finger OVER the skirt, after which he would jiggle the legs again. If that didn't "compensate," then he would hold the TIP of first finger over her skirt and then jiggle legs to see what results, if any, he got. If the left hand didn't then he tried the right hand, etc.

He tried this procedure many places. By no stretch of the imagination, touching THE SURFACE of the clothing, could such a clothing touch reach the skin below to reach afferent nerves going to brain where Innate could "compensate," regardless of where he touched THE CLOTHING.

In all his tests he used either thumb TIP or first finger tip of one or the other hand, merely touching THE SURFACE of clothing.

He tested with thumb tip or first finger tip barely touching at all, then with both thumbs over coccyx, different spots on head and around atlas area, mandible ilium, nose, coccyx, performing the same maneuvers. Once he did give a double-thumb-tip quick jerk on right side of his daughter's lower jaw. We don't know why.

He always followed every test for "compensation" by firmly grasping both legs by ankles, extended over the end of the table, jiggling them, then would push one or two superior pushes, or push his daughter up on a table and back again, then measure both legs.

At no time in any test did he say that he GOT BOTH LEGS LEVEL or OF EQUAL LENGTH. If he had, that would have been his "compensation" and test concluded would be the place to GIVE THE ADJUSTMENT. Sometimes they were worse; other times slightly better.

There were so many variables performed that it was impossible to arrive at any *constant* principle or practice. Frequently he asked was it "compensation or subluxation"? We never did know what HE meant by asking us such question. It appeared he was trying to arrive at an Innate reaction based on afferent reception impression from some surface liquid, substance, drink, food or pointing fingers. But how can one elucidate that theory with what he did with his thumb and finger tips of either hand, pointed at so many different foreign locations, by merely kissing cloth of clothing. WAS HE OF THE IMPRESSION that the positive or negative hand passed a current through all clothing to the skin, etc.? He even tested various spots on her skull, left or right side of nose, jaw, atlas area, coccyx, ilium, etc.

At end of all his multitudinous tests, which we did not interfere with or criticize, he did not ask our opinion as to its value, nor did we volunteer one.

Does he believe or thing (if so, he didn't mention it) that when he referred the positive and negative hands, and he quickly flipped them up somewhere, merely touching the girls surface skirt, that some positive or negative magnetic force flowed off the tips of his fingers down through the clothing, up to Innate; and Innate "compensated" by equalling lengths of both legs; thus Innate would tell him what to do and where to do it? We surely hope that Innate of patient knows what HIS educated wants to know so it can happen intelligently.

After due reflection, away from the scene of activities, some day this young chap is bound to come to the end of his rope which will peter out to a thread with no knot in it; and he'll then come to the realization that there's no bottom below. Like many others of these technics, they can't counteract, deny, or violate in his footsteps and get its accomplishments.

It is a constant surprise to us to see how some otherwise sincere, honest man as this one, can get so far away from facts, evidence, proof, and get lost in chemical physics and become bewildered, arriving at nothing actual, factual, practical. He was lost in a jungle of 512 chemical physics and became lost with no compass or sextent. He was floundering around in a big chemical ocean, in a small mental TIC skiff, hoping to catch a whale and coming out with a canned sardine.

After wading through sixty years of messes, masses, and morasses of will-o'-the-wisp ghosts, and after standing hard by our principle and ferreting out its secrets of practice, it is difficult to see how any man could go so far away from the truths we present.

We will not label or identify this man, his name, or his location, because he impressed us as being sincere and honest. Given time, he MAY find himself.

We could continue these exposes almost endlessly.

Chapter IX

VARIABLES OF HEAT READING TECHNIQS

THERE ARE ALL KINDS of occlusion, pressure, nerve-resistance heat-reading instruments on the market. The NCM was THE FIRST of these. It was laughed at, held up to scorn, ridiculed, stating it couldn't and wouldn't do what we claimed for it, and much more.

The U.S. Patent Office never has issued, and never will issue a patent on any instrument unless it will deliver what it claims in that patent called for. The NCM has had two process patents issued, which means it, as an instrument, not only does what IT claims but the use of it as a spinal heat-body-resistance reading instrument AS A PROCESS delivers what it claims to do.

As is usual, it is now being cheaply imitated by the very people who ridiculed it. Not another has ever applied for a patent, process or otherwise, because they cannot and do not make claims which can be proven to work. Today, every magazine, professional or otherwise, advertises many different kinds, many of which turn out inferior results and endanger life of patients. The makers, buyers, and users are seldom interested in that issue.

The NCM is built with the precision of a Swiss watch. It uses the thermo-couple and thermopile principle which is used to measure heat of stars millions of miles away, or the heat of furnaces to 5,000 degrees F°.

It took Dossa Evins 6 months to ferret out the minimum and maximum of the range of the human abnormal heat produced by subluxation interferences. Once that was done, he had to build an instrument to work *within* that range. The thermo values depend upon several elements: *number* of thermo-couples in each terminal, *length* of wires in each, particular *character* of metals used, *accuracy of balancing* left and right terminals, and the *high qualifications* of the galvanometer to register its read-

ings. Everything in the manufacture of the NCM has been tested for years and never found wanting, IF properly and accurately used by technician.

Our years of experience with the NCM finds no defects IN IT. Whatever variables exist are in the loose and careless use of it by the usual technician.

Following story is an example of what we mean:

Recently we published laboratory tests on an instrument being used extensively in Wisconsin. Our investigation shows all tests made by outside disinterested parties disclaim all claims made for its use as a Chiropractic analytical instrument. The Wisconsin Chiropractic State Board issued an order that licenses would be revoked of those using same, based on reports made against its claims. Users now are claiming it is a "research instrument" which they are using.

As far as our investigation goes, it is the old Abrams radionics principle, which fails to bring it within the scope or purview of the Chiropractic principle or practice.

We could as soon adjust by palpation as with some of these instruments, even though we have long ago discarded palpation as reliable.

Why complex the simple? We began with the complex and have gradually, step by step, reduced it to its simplest elements which work better. There seems to be a trait in conformist people that, unless a subject is beyond understanding, it has little if any value. The more complex, the less one can understand *any* of it, the more valuable it must be. Medicine is a supreme example of the complex, growing more so year by year, getting farther and farther away from any practical value of application. They seek thousands of causes for thousands of diseases, year after year, spending billions of dollars, and they are no nearer to solution today than they were 5,000 years ago. In fact, they are getting farther from all truth than they have ever been.

If students in our school can't, don't, or won't grasp the simple, all we can suggest is that after they get what we have here in 60 years of seeking constants, eliminating variables, to *increase* percentages of successes and *reducing* the percentages

of failures—then go into the field and try this principle and practice what we taught them. IF IT DOES NOT WORK, then they should begin chasing butterflies into all the jungles; begin buying every Tom, Dick, and Harry gadget, trick, misdirection; pile their offices with all peddling devices others are getting rich from selling. After trying them, when they wake up from their nightmare, they come back to the sane, sensible and sound workable principle and practice that works when it is worked.

Chapter X

THE LAW OF CAPACITY

WHY SHOULD IT BE necessary to write this book to explain *one simple* idea which could be effectively stated on page one? Why should it take 37 volumes to explain a single principle which can be stated in one sentence? Why isn't the obvious obvious?

There is another law, hinted at, which, if understood, would make much else unnecessary. It can aptly be called THE LAW OF INNATE CAPACITY.

Just as there is an endless variety of formations, malformations and anomalies of the human body, so there is an endless variety of formations, malformations and anomalies of the human mind. Inherent in each human mind is *an Innate capacity* beyond which it cannot understand—regardless of what stimulation is applied. To some the formula $e=mc^2$, (Einstein's Law), is much gibberish, and no matter how simple it is or explained, some people do not have *the educated capacity* to understand. Yet, Einstein's Law is one of the fundamental laws of the Universe.

It is difficult to distinguish between those WHO HAVE capacity, and those who DO NOT. It is true that some WHO HAVE capacity behave like those who do not. The veil which hides the truth from them might be:

- | | |
|-----------------|------------------|
| a. Superstition | g. Hate |
| b. Ignorance | h. Envy |
| c. Intolerance | i. Egotism |
| d. Selfishness | j. Delusion |
| e. Complacency | k. Greed |
| f. Prejudice | l. Passion, etc. |

or a combination of two or more.

We can do nothing about people who CANNOT understand—no matter what. We MAY BE able to do something about those who *have capacity* to understand, but do not. Which

brings this comment—are those who do not understand our principle, because of incapacity, necessarily subject to censure?

THE LAW OF
INHERENT INNATE CAPACITIES OF MINDS IN MATTER

or

THE REALITIES OF THE LAW OF CAPACITIES
OF MINDS IN MATTER

Our understanding is that this class is in a quandry.

You have been debating this or that in application of the PHILOSOPHY of Chiropractic.

You are to be commended for seeking basic fundamentals. Tom Morris once said: “Conflicts Clarify.”

Let’s see if WE can untie the knots of your thinking.

a. let YOU ask questions and WE answer them

b. let US present issues as WE see them as they apply to your problems

If you will think problems FACTUALLY AND PRACTICALLY, on what we say, you will have few questions to ask when we are through. However, if tag-ends remain, we might find it advisable to have another session for Questions and Answers.

If it were possible for you to study EVIDENCE of what Innate HAS DONE and CANNOT DO, as proven by factual conditions WHICH ONCE LIVED, you would THEORIZE LESS about what YOU THINK Education wants to do, tries to do, and cannot do.

Life is like a ladder . . .

—Many people are *at the bottom*, and fight to remain there

—Some people are *on the climb*, want to, and don’t know how

—A few are *at the top*, by being realistic and factual

People at the bottom have an UNLIMITED stock of VERY restricted and LIMITED theories. Some people on the climb DON’T KNOW WHAT to believe. They follow paths of least resistance; DON’T KNOW whether to believe people at bottom OR people on top.

People at top have arrived by trial and error, experience

paying the price; have researched AND KNOW; have secured facts, evidence, and proof; have eliminated ALL variables, establishing constants.

Too many people have *dormant* educated capacities

—have Innate capacities and *don't know it*

—have Innate capacities and *deny them*

—have Innate capacities and *don't use them*

Others *have no* educated capacities but think they have.

We can do nothing with people who CANNOT understand—no matter what.

We may be able to do something for those WHO HAVE capacity for understanding, but do not.

(If you will study vol. XXXVI, PALMER'S LAW OF LIFE, in ENTIRETY and get the simple and single principle it elaborates, in its OVER-ALL chapters, you will understand what we say.)

Two errors creep into the average thinker:

a. The PAST tries to control THE PRESENT to change THE FUTURE. The PAST of MEDICINE in dealing with the sick has been a failure. The PRESENT with CHIROPRACTIC has a correct solution of cause and cure. The FUTURE will take care of itself if THE PRESENT is right.

b. Too frequently we are prone to let THE PAST inform THE PRESENT. (Read the LAW OF PAR) in this book.

If you will reconsider factually, look backwards, you will realize our world and eons of time have managed to get along quite well BEFORE ANY OF US were born. It will continue to reproduce races and produce functions long AFTER we have taken that last long vacation; therefore, what WE educationally think we think, if we think at all, won't carry ANY weight in reshaping destinies of mankind. Everything any or all of us may think, say, or do, here and now, may be completely right or wrong—it won't make ONE BIT OF DIFFERENCE to Innate, for mankind will continue *in spite of* himself, not *because of* himself.

Everything medical has been and is because of the OUTSIDE, BELOW-UPWARD principle and practice.

All methods of religions, metaphysics, Christian Science, psychology, psychotherapy, concept therapy are based on THAT principle and practice.

Each is an appeal to use some EDUCATIONAL approach and process TO INFLUENCE INNATE TO DO SOMETHING EDUCATION wants done, which they presume Innate can't do.

(Priest with confession of woman, year after year, "Why do you confess the same sin every year?" "I like to think about it!")

Such modes and methods of approach are an EXTERNAL AFFIRMATION which satisfies and pleases education.

We once asked a man, "Why do you *believe* WHAT you believe?" "I believe WHAT I believe because I WANT TO believe it."

Everything Chiropractic has been and is because OF THE REVERSE principle and practice, viz., ABOVE-DOWN, INSIDE-OUT.

Conception, development of foetus, birth, life.

Can EDUCATION do ANY of this?

Can EDUCATION keep heart beating?

Does the heart stop beating, or any INTERNAL FUNCTION STOP, when you EDUCATIONALLY go to sleep and education is off the job? If not, why not, if education is so important?

If you CAN'T direct, regulate, or control ANY function, asleep, HOW can you educationally do any of this, AWAKE?

If you can't do ANY of this when normal, HOW can you do ANY of it BETTER when abnormal?

Innate alone is great I am that I am—the oneness, the sublime, IN THE ABSTRACT, even when present in living man.

However, Innate is limited in expression in matter ONLY by THE QUANTITY of mental impulse or nerve force flow REACHING MATTER to *produce motion to produce function*.

Innate, per se, AS AN ABSTRACT INTELLIGENCE, is UNLIMITED. It BECOMES LIMITED by potentials of capacities contained WITHIN NORMAL MATTER, per se.

For this reason, Innate IN MATTER never is able TO PREVENT a burn or bruise on the skin, a fracture, dislocation, subluxation, or misalignment, when EXTERNAL invasionary force EXCEEDS potential internal forces as expressed in resistance action IN MATTER. For this reason, fractures, dislocations, misalignments, and subluxations CAN AND DO occur regardless of unlimited capacities of Innate IN THE ABSTRACT, because of the limitations OF MATTER to prevent the process by itself. However, once the condition HAS occurred, Innate is able to rebuild, conserve, and save its structures by an INTERNAL healing all its own.

For this reason, the law of PROduction of vertebral subluxations IN MATTER MUST BE REVERSED by use of the law of REDuction of vertebral subluxations, IN MATTER, by introducing A SIMILAR OR EQUAL quantity of invasionary EXTERNAL force to REDuce what it took to PROduce.

To think of Innate as an UNLIMITED MENTAL power, capable of doing ANYthing and EVERYthing, WITH MATTER, is out of factual perspective, because ALL things OF MATTER depend upon what Innate CANNOT DO in and WITH matter, such as fractures, dislocations, subluxations, and misalignments.

That a dislocation does occur and Innate can weld its segments osseously together to its broken segments, is obvious.

That a fracture can be healed IN BROKEN SEGMENTS, is obvious.

That a vertebral subluxation *could be* accidentally re-seated back to normal juxtaposition with co-respondents above and below, without an EXTERNAL corrective INVASIONARY force, is as possible as setting a fracture or dislocation is impossible.

There is A LIMIT to what an UNLIMITED INNATE CAN DO IN A LIMITED AMOUNT OF MATTER when that matter has been abused beyond its normal, *natural* range of functions or corrections.

There is an Innate mental healing which IS possible, restricted to the LIMITATIONS of potentials OF MATTER. There is NO EDUCATED mental healing possible, because of the VERY limited restrictions of the fields of capabilities Innate

has permitted education to direct, govern, or control. Beyond those limitations, ONLY INNATE knows how, when, where, why, or how to do.

For every INVASIONARY delivery of force in action against the stability of matter, there is a responsive recoiled REaction with Innate resistance. It is the SAME principle which is involved in a recoil REaction against invasionary force which PROduces a fracture, dislocation, subluxation, or misalignment, and is THE SAME principle involved in action and recoil REaction which PROduces a vertebral subluxation. The ONLY difference is in degree of violence—most for a fracture, LESS for a dislocation, STILL LESS for a vertebral subluxation, and even less for a misalignment.

It takes more degree and violence TO SET a fracture than a dislocation; LESS for a dislocation than a subluxation; LESS for a misalignment than a subluxation, reversing the law of PROduction to REduction in the same manner in a differing ratio of degree. It is when this Innate recoil REaction occurs that Innate seats the vertebral subluxation to juxtaposition in relation with its correspondents above and below. Because of THIS NECESSITY of this INTERNAL RESISTIVE RECOIL REaction, is the reason why NO outside invasionary force could deliver an adjustment to a vertebral subluxation IN A DEAD BODY—there being NO Innate recoil to REact, to correspond to any invasionary force.

Vertebral subluxations are PRODUCED by a concussion of forces, strains, wrenches, twists, beyond normal resistive range of MATERIAL potentials.

—where external invasionary force IS GREATER than internal resistance

—same is true in fractures, dislocations, misalignments.

Vertebral subluxations are REduced by a REVERSAL of the law of PROduction

—where EXTERNAL invasionary force is greater than internal resistance

—that is why surgeons induce either artificial or normal relaxation, to reduce INTERNAL resistance, in set-

ting fractures or dislocations, where resistance IS
LOW and INVASION HIGH

It would be impossible to set a fracture or dislocation by touching the skin of a fractured or dislocated area. THAT is obvious.

You cannot contact Innate, asleep or awake.

Innate CAN AND DOES contact EVERY tissue cell of your body, from birth to death, every second of time, even if function is normal or abnormal, in corresponding degrees depending upon interferences.

The greater above always is more or less in contact with the lesser below.

That is why, factually, in our humble opinion, all religions are NOT realistic.

They try to EDUCATIONALLY reverse natural and normal law, from ABOVE-DOWN, INSIDE-OUT, either in *their* relations TO the Universe or the unit.

They endeavor to present their convictions from OUTSIDE-IN, BELOW-UPWARDS.

We've heard, hereabouts, the statement, "I AM GOD." This statement implies one of two things:

- a. Either "I" AND "God" are the same
- b. or, "I" and "God" are two different and separate abstract entities

"I" here implies and subtly suggest "I" IS the EDUCATED fellow.

"I" is the PRODUCT of "God", not "God" the PRODUCER.

As well say, "I," as a serpent, AM the master.

"I," as an employee, AM the employer.

"I," as a hired laborer, AM the boss.

Or, the EDUCATED "I," as a BY-PRODUCT on Innate, IS Innate.

Or, bile IS the liver; or faeces IS bowels; or urine is the kidneys.

Hitler said, "Me und Gott," placing himself ALSO on a level, thinking to influence "God" to win war for him.

What about all OTHER ALLIES, praying to the same "God" to also win war FOR THEM?

Concept therapy is a like approach, where the EDUCATIONAL lesser fellow thinks he can influence Innate, telling IT how to get a sick person well. AS well try to regulate any *internal par* function FROM abnormal to normal.

Electricity, with its practical applications, delivering functional work, is a crude comparison. It abounds, in space, in UNLIMITED quantities, as proven by lightning.

Electricity is energy, power. It can destroy life if the invasionary quantity is greater than the resistance of whatever MATTER thru which it passes. Electricity, per se, has NO INTELLIGENCE to cure dis-ease.

Electricity passing through matter, is limited to the capacity OF MATTER, THROUGH WHICH it passes. We have globes of differing wattages, from zero up the scale. We have motors of differing horse powers, from less than one up.

Possibly the greatest economy in the use of commercial electricity as it performs a function IN MATTER is in the radio stations. At WHO, our input into the transmitter is 200,000 watts in quantity. Our output on the antenna is 50,000 watts. 150,000 watts is wasted in heat to get 50,000 watts into the air. (We use this to heat our transmitter building.) In ALL things electrical, LIMITATIONS OF CAPACITY ARE DETERMINED BY MATTER THROUGH WHICH IT PASSES.

IF there IS resistance, IN TRANSMISSION, between generator and function, in electrical matter thru which it passes, then THAT resistance determines the limitations of actual work delivered. The right place of resistance must be located and corrected by adjusting its causes, to cure its abnormal function. Location is determined by the electrical engineer who checks with meters, from high to low subluxations, to KNOW WHERE to make mechanical adjustment, to permit normal quantity of electrical energy to be restored, to flow naturally from SOURCE of originality, to non-source of expression, to deliver normal function.

Here is where LIMITATIONS OF CAPACITY OF MAT-

TER are apparent, regardless of the unlimited capacity of quantities of electricity *in the abstract* in space, or in the unit generator.

Universal Intelligence is unlimited, everywhere, in everything *which lives*.

Electricity is in atmosphere, everywhere, at all times, in unknown quantities.

Universal Intelligence, through its unital Innate, grows trees in a forest. Both are unlimited factors, yet one bolt of lightning, CONCENTRATED AND FOCALIZED, invading a force which the forest cannot successfully resist, can set it on fire and destroy its healthy growing continually. The forest COULD NOT successfully resist its invasion. Realistically, the unlimited Universal Intelligence did not prevent the concentrated bolt of lightning destroying a forest the unlimited Intelligence grew.

Hurricanes, tornados, flash floods, volcanic eruptions, typhoons, simoons, are similar conditions where concentrated and focalized invasionary forces destroy an ISOLATED section OF MATTER which could not resist their invasions which can and do destroy the continuity and contiguity of normal and healthy growth of matter.

Human fractures, dislocations, vertebral subluxations and misalignments follow the same pattern, except in smaller doses of energy and matter.

FINITE mind of man can ask the question: "Why does Universal Intelligence destroy that which it has created to grow and live?" The FINITE of man *can ask* many questions for which FINITE mind of man finds no answer. It is well it is so, for If FINITE MIND of man knew all infinite answers, HE would upset worlds and everything in them that now run consistently according to law; for man would make antipodal rules and regulations with THE INFINITE, as he now does with FINITE human issues.

The one obvious and factual difference between electricity AND Innate Intelligence is that electricity CAN KILL life but CANNOT restore or reproduce its materialistic damages, Innate Intelligence can AND DOES create life and sustain it; CAN BE

INTERFERRED WITH in expressions AS IT PASSES THROUGH MATTER; and CAN AND DOES direct, govern, and RESTORE life, when absent induced by interference in it flow THROUGH matter.

Educated man CANNOT control electricity in the abstract, in space. He can develop mechanical devices to absorb, condense, and concentrate SOME of it, in certain limited quantities, when harnessed, to deliver horse power through matter. No man KNOWS what electricity IS. ALL we KNOW is its manifestation in expressed action as some small portion of its abstract unknown quantities PASS THROUGH MATTER.

Finite man CANNOT control Innate, in the abstract, in space. He CANNOT direct ANY quantity of ITS INTELLIGENCE even when harnessed IN MAN to deliver functional motion as it passes through human matter. No man knows what a thought, idea, intelligence or life is. All we know is its delivered manifestation in expressed action as some portion of its abstract unknown quantities pass THROUGH MATTER.

All animal, human, reptile, bird, or other living forms have some form of what we humbly think bipeds call education, which is a limited transference of a limited flow FROM Innate as bypassed through matter to permit us to associate with the environmental world which surrounds us. Even this small quantity of the unknown abstract is normally limited TO THE CAPACITY of the individual to normal, natural, and constructive uses. Even here, resistance frequently lowers quantity flow below normal, short-circuiting, shortening the circuit or circle, FROM brain TO body and FROM body back again TO brain. If this quantity IS interfered with, and *educational* facilities *be insane* by comparison with the *always-sane* Innate, then insane education cannot restore sanity to itself. Even this still MUST come from the greater source ABOVE-DOWN, INSIDE-OUT, over which insane education, from OUTSIDE-IN-BELOW-UPWARD, has no control. Yet, as insane as educations are, they too often insanely think they can.

Too many of us are over-burdened carrying around sane educations. We pilaster on perverted educations of physiology, path-

ologies, diagnosis, treatments, all of which come from OUTSIDE-IN, BELOW-UPWARD. We need MORE KNOWLEDGE OF SOURCE and less of semi-source or even non-source, to reach factual realities. We are too prone to magnify insanities and thus belittle, question, or deny sanities.

It is unfair and unjust to any author for any reader to take any section or sentence out of pretext, text, or context, and misinterpret the author's overall premises of his book, in the light of what ONE SENTENCE might imply. Any book must be studied in its ENTIRETY and OVER-ALL elucidation of problems it solves.

Barnarr McFadden once printed a few sentences on a postal card and sent them through the mail. He was arrested for sending obscene matter through the mail. At his trial, he proved they were quoted *from* the Bible. His case was dismissed.

Chapter XI

REALITIES

OUR EXPLANATIONS in any of our books are stated in simple language, easy to read, to think clearly through, upon, and with. You will find our premise sound. You are NOT justified in trying to read anything BETWEEN THE LINES, which WE HAVEN'T SAID, DON'T SAY, OR CAN'T SAY, based on a portion of a limited sentence.

For centuries, one religion has said that the world was created in six days, and that the Creator rested on the seventh. It has long been taught that the world is about 2,000 years old. Millions of people BELIEVE and have FAITH in this categorical book.

What are the facts? Man studies layers of geology; digs up deposits of bones in long-hidden caves. Evidences of carbon burning tests go back anywhere from and to 70,000 years B.C. The Neanderthal man was found in a cave 100,000 years old and he lived about 45,000 years ago.

THEORIES VERSUS FACTS upset and deny many tradition theories. The warfare between history and religion is unfolding gradually into the minds of thinking people. This will prove true with Chiropractic long after WE have passed on.

It was Kettering who said: "You can send a message around the world in five seconds, but it takes twenty-five years to get ONE simple idea through one-quarter inch of skull."

Many people object to and resent forsaking their priceless theories which have been preached and pounded into our ancestors for centuries, and into us from cradle to grave.

There IS a reality about and IN us, if we seek it, find it and let it alone.

We were once asked: "What is the purpose of our being here?" Our reply was: "That we might find self-development, thereby FINDING OURSELVES."

Apropos of the problem discussed in previous pages, we were asked,

1. Does benefit from this new approach carry with it a moral obligation to tell a sick person if we—the chiropractors—immorally commercialize on this approach?
2. Does health have a price tag? How can we finites put a price on the infinite? It should be given to all according to their need AND WITHIN THEIR MEANS—the immutable law of COMPENSATION.

In THE ABSTRACT, NO. Innate flows freely without restraint, therefore, Innate comes, flows, lives, without anybody dropping a coin in the charity mouth-box of the Chiropractor, as the sick come and go.

In the CONCRETE, YES. When ONE person helps another person, turns the key which opens the door, thus releasing the internal imprisoned Innate in another person, and devotes his life to that labor, then THE CHIROPRACTOR, AS A SECOND MATERIAL PERSON must eat, drink, clothe himself and family, have a car, live in a home, have a bed to sleep in and allow himself some luxuries—all of which cost MONEY which MUST come from SOME source, directly or indirectly, how MUCH is a material transaction between patient and doctor depends, the fact remains THERE IS a transaction.

How much, or how little, appreciation is shown depends on what YOU have done, it DOES have a “price tag,” depending upon the law of cause and effect, supply and demand for what YOU supply IN THE ABSTRACT patient, demands something in return IN THE CONCRETE money to you.

Chapter XII

WHERE TO?

IN OUR HUMBLE OPINION, this is the most important time in our history.

In review:

Medicine has compiled some 18,000 diagnoses of PHYSICAL symptoms and pathologies. They have been searching 5,000 years for 18,000 PHYSICAL causes and cures. That all such have been one gigantic series of failures is evident from the salient facts that TODAY they are spending millions in publicity, magazines, newspapers, radio and TV, begging for millions of dollars to still find ONE cause for ANY ONE disease. Millions of dollars have been poured into their efforts, thousands of hospitals have been built, hundreds of medical institutions with hundreds of thousands of researchers are still looking in test tubes and microscopes to find any kind of a cause and cure for cancer, tuberculosis, polio, sclerosis, etc., ad infinitum, ad nauseum. They still are in the dark, falling consistently.

The one basic reason for this is: they seek PHYSICAL causes and cures for PHYSICAL DISEASES. They have completely overlooked *the abstract* factor of what the internal Innate does, as it does it, in regulating all function at all times, in all ways. For the first time, you and we have made possible a unity, the complete unity of mind and matter, via brain and body, through the nervous system; the interference between source, semi-source, and non-source; through a mental impulse supply, THE interference between one and the other brought about by the vertebral subluxation and its correction.

Stated bluntly, you and we have at our command the ONE cause and ONE cure of ONE dis-ease—that which medicine has long sought and never found. Will this discovery live, continue to serve a sick world? It is obvious to all of us that we have long ago proven the correctness of our Chiropractic principles and practice.

We are surrounded by destructive cancerous growths in OUR ranks. They have infiltrated into OUR schools, legislation, state boards, licenses, and into the practices of many.

We have met here today to ask YOU and EVERY ONE of you to help and advise us WHAT TO DO to keep OUR principle and practice pure, uncontaminated, simple and single in character.

As our discussions develop, you will realize heroic measures are vital, necessary. We can conceive of no more important gathering of faithful and sincere men than that which is here today. We have met TO PRESENT this challenge, TO ACCEPT the challenge, and to devise ways and means of how and why to awaken our minds to the realistic dangers surrounding us. We have come here to gather our forces into one solid phakanx to save our profession—not for ourselves as individuals alone, but for the right of the sick millions to get well for today and tomorrow.

It is depressing to know we have spent OUR life in developing this principle and practice into an actual reality, and then see it slipping gradually and stealthily from our grasp. It is discouraging to think our lifetime, 60 years, 365 days each year, seven days a week, and see our righteous cause slowly stolen from our grasp.

Once a truth has been ferreted out of chaos into the cosmos of a sick humanity, which has proven itself in the lives of millions, adding millions of years to millions of lives in these past 60 years, THAT TRUTH WILL NOT BE LOST. It has come, it is here, it will live. It may go through a depression, but being a truth it will come back into its own more forcibly in years to come.

Of all people, medical men know the failures of medicine. Being sincere and honest men, seeking to help mankind, they have turned their eyes to the fundamentals WE possess. They have not gone to the completeness of our realities; they are skirting edges; but, given time, they too will see what we have, what some of our people are discarding and denting. Given time, THEY will get back to THE issues which prove themselves and eventually THEY will HAVE what WE, in part, are losing and discarding.

Today, we stand on the threshold of our GREAT responsibility to save what WE have. As years have crept upon us, we find we have exhausted ourselves. We have now come to the pass where we are casting this GREAT responsibility upon you younger men. You have a lifetime AHEAD of you. Our life is beginning to recede. WE are passing THIS CHALLENGE to you, NOW, TODAY, to save what we have labored so long, so diligently, to protect, preserve, and survive for the sake of mankind.

Our ideals have long ago passed beyond the needs for worldly goods. We pass this ideal on the lofty foundation OF A SERVICE. You, too, have reached this stage or you wouldn't be here today to take up where some of us are being forced to pass to you what we have sacrificed and suffered to maintain in its purity for prosperity.

Our *legitimate* Chiropractic schools and colleges are our *legitimate* anchor for the future. They *must* survive and grow bigger, stronger, and better. They have a great and glorious future which rests as much in YOUR hands as it has in OURS. Together, we CAN build a stronger ICA, a larger numerical strength, a following greater than ever before. An impregnable foundation has been laid. Our super-structure has been started. WE have met every challenge in our enemies. We now face the greatest challenge of all-survival. This You can and will meet—of this we have no doubt.

Chapter XIII

ONE CONSTANT POSTULATE

INNATE INTELLIGENCE, present in every *living* being, regardless of color, creed or country, which has been conceiving, giving birth to mankind for countless time, is THE ONE controlling, regulating factor that is *fixed, stable, reliable, always* remains the same, dependable, anchored source of life, health, sanity, normal function and reservation of power. Everything less than that is a fluctuating variable factor.

This being so, Innate Intelligence CAN BE depended upon to ALWAYS act in accordance with ITS designs, intents, as IT SHOULD when it COULD.

Only difference between life and death, one moves, internally and externally; the dead cannot.

Only function of LIVE man is *motion*.

Only STRUCTURE of man WHICH MOVES is muscle.

All else is moved upon and BY muscle.

Muscles move *because* nerve force energy is converted to power into action.

Muscles move into action because nerve force mental impulse supply *induces action within* itself, and *to all to which* it is attached.

Muscles are distributed *everywhere* in all human organs, wherever *motion* is necessary to sustain life.

Muscles are in laternate sets, one contracts, other relaxes, then reverses; other contracts, one relaxes; working period of time, recuperating period of time.

Muscles contract and relax with Innate pre-determined speed rhythms.

Speed and frequency are pre-determined by living necessities, meeting demand and supply, which fluctuates according to needs, more or less.

That speed and frequency of motion, *per unit of time*, is pre-

determined by the internal Innate Intelligence, which supplies a correct quantity of mental impulse nerve force, sent to *right* muscles, at *right* times, causing them to produce required functional adaptation to internal necessities.

Muscles, like electrical motors have an RPM.

REDUCE the quantity of electrical flow, reduces RPM's and congesting occurs *behind* and stagnation and paralysis occurs *forward*, which should be delivered by those muscles in their association with their contributory muscles and organs with which they are associated.

Sickness, disease, ill-health, functionally abnormality possible in a living body IS PARALYSIS OF MOTION.

Diagnosed name depends upon:

- a. location of organ or organs
- b. purpose of that organ or organs in the over-all totality of purpose
- c. inter-relationship of that or those organs with other organs in the mechanical and chemical balance
- d. pre-determined by *reduction* of speed and frequency of motion, per unit or multiple units of time in a part or parts
- e. producing *internal backward* congested symptoms in the brain
- f. producing *external* congested *parlysis in* the body
- g. degree of which depends upon units of time permitting development and growth
- h. to build or destroy an acute or chronic symptomatology or pathology

Quantity or quality of *effects*, single or multiple, IS NOT IMPORTANT.

Quantity or quality of REDUCTION OF ENERGY FLOW IS MOST IMPORTANT for on THAT all else depends.

To know WHAT AND WHERE this nerve force energy power IS REDUCED in its distribution throughout a body, from which everything else follows, IS THE important issue.

What reduces the quantity flow of energy? WHERE this

quantity of flow of energy power, per unit of time, slows speed of action in muscular structures, which stagnates function, is most important.

When that and those PRIMARY CAUSE factors are determined and known, all else automatically follows in restoring abnormal speed of action, per unit of time, to *natural* increased speed of action, allowing future units of time to rebuild disease back to ease, WITHOUT treating effects regardless of where located, or how manifested.

There does exist an endless, complicated, complexed series of *effects* in any mechanical or chemical plant, having many variously located motors doing manifold duties, when slowed down inducing a slowed down *paralysis* of ultimate products.

There also does exist a *super*-endless, *super*-complexed and *super*-complicated series of symptoms and pathologies in the human mechanical and chemical organism, having millions of varied kinds of millions of alternating muscular motors slowed down, the understanding of which *no man on the outside can know* with any degree of accuracy.

TO TRY TO KNOW any small fraction of the abnormal manifestation of these human muscular irregularities of motor effects is impossible with *any* degree of accuracy, because they are so minute and so minutely hidden inside away from efficient observation.

Is it necessary they should be known?

That WHICH IS MORE AND MOST important is to get back to ONE CONSISTENT POSTULATE CONSTANT—the flow of reduction of nerve force energy power which affects ALL DISTRIBUTED MUSCULAR MOTION, regardless of where or how distributed throughout the human mechanical power plant.

When THAT is restored, all else demanded by the sick will be internally supplied *without* all mistakes of medicine, with endless guesswork, with their constant kadelioscopic astronomical manufacturing of new drugs from day to day, to *externally* treat *internal* conditions—all of which have failed for thousands of years; otherwise why keep dinning into our ears and eyes the con-

stant demands for millions of experiments to solve this repeated series of diagnosed-treatment failures, as to WHY man is sick and fails to get well.

LIFE OR DEATH POSTULATES

Man is either alive, or he's dead.
If he's alive, there's a reason.
If he's dead, there's a reason.
Man is either healthy, or he's sick.
If he's healthy, there's a reason.
If he's sick, there's a reason.
If he's healthy, there's a logical,
reasonable and consistent explanation.

That being the case, use logic, reason and BE consistent in securing facts AS TO WHY.

If man is sick, he has either subjective or objective symptoms and pathologies.

Being sick, he goes TO A MEDICAL PHYSICIAN, who asks endless questions. Patient answers as he feels where and how. So far AS SYMPTOMS are, the physician ONLY KNOWS what patient tells him—where his miseries, aches, pains, sufferings are and how.

Physician then hypothecates, based on WHAT patient told him, WHAT organ is sick HOW it is sick, whether it is this or that; when physician mentally thinks it might be this or that he assembles language of the patient into a possible diagnostic name.

Physician knows that average patient is incompetent to correctly explain his conditions intelligently. Upon this unintelligent description, physician is supposed to be intelligent enough to be correct in his assumption of what, where and how the patient is sick.

After sorting out, discarding and assembling others, the subjective symptoms, as incorrectly and incompetently told by the average patient, who does not know one sickness from another, or one organ from another, physician then GUESSES as to WHAT TO GIVE the patient to alleviate, suppress, inhibit, or stimulate conditions described by the patient.

Having thousands of possible combinations of drugs at his

command, as listed under respective names in the U.S. Pharmacopeia, it's a hit-or-miss-I'll-give-him-this prescription. So, physician experiments gauntlets of known drugs of today, on sick patient, knowing they are not the same today as they were yesterday, or day before yesterday, or last month, or last year.

The PRACTICE of prescribing medicines is in flux, always has been. It is empiric, arbitrary, no two doctors agreeing on diagnosis or treatment. That's why they hold consultations to try to come to an agreed conclusion, each differing from all others; although *privately* differing they *publicly* agree, for in yielding they agree any one is good or bad, will or won't hurt or do any good.

Medical treatments are like soaps, toothpastes, or pain killers advertised over radio or TV. Today there are dozens of soaps, each better than the other, each doing what no other does as well, or can do at all. Tomorrow, to stimulate delayed sales, THE SAME soap swaps names, attaches new superfluous superlative descriptive adjectives of greater possibilities. When sales drop on THAT NAMES ITEM, THE SAME soap gets another name, a new colored box, a new description—but the same old soap. Same is true of toothpastes, cigarettes, pain killers—or what have you?

SAME sickness that existed IN man 4,000 years ago, exist today. SAME symptoms existing then, are with us today. Names change, causes vary, treatments shift but purpose of any and all remain the same—to INHIBIT THE STIMULATION OR STIMULATE THE INHIBITION.

Medicine HAS “scientifically” advanced—from one OLD “research” theory to A NEW one. Medical “research” practice HAS “scientifically” advanced—from one kind of drug to another kind intended to do THE SAME THING IN THE SAME OLD WAY TO THE SAME OLD DISEASES. Medical pattern of sickness, medical pattern of diagnosis, medical pattern of causes and cures, medical treatment fundamentally are unknown as to causes or cures.

Meanwhile, century after century, sickness continues. One who thinks, would naturally think, that somewhere along the line, down through years there WOULD be, or COULD be, some

certain, positive, accurate, known, provable solution as to WHY man IS sick and HOW to get him WELL.

We said, in the beginning of this talk, "That being the case, let's use logic, reason and BE consistent in securing FACTS as to WHY and HOW." Whatever logical, reasonable and consistent explanation be, it MUST HAVE ONE common denominator.

That COMMON denominator MUST APPLY to ALL sick conditions *alike* with ONE logical, reasonable and consistent explanation.

The ONE explanation must have ONE principle that explains any and all 18,000 so-called different centuries old diagnosed combinations of symptoms and pathologies.

That ONE principle must be on one COMMON ground which specifically, technically, comprehensively and systematically justifies it's application to ALL sick conditions regardless.

That ONE practice must be on such common ground ITS VERY SIMPLICITY proves and safeguards its universal delivery of ONE common result.

The ONE principle AND practice must embrace ONE common indisputable, fundamentally, self-evident, scientific, human SINGLE cause and cure.

That ONE single cause and cure MUST BE SIMPLE to understand analytically in a breakdown with a definite and CONCLUSIVE series of proofs.

That ONE series of decisive proofs must be applicable to ALL peoples regardless of country, color, creed, caste or sex.

That Chiropractor who attunes himself, or herself, to the ULTIMATE *BUYING* OBJECTIVE of the sick—to get well—automatically attunes himself, or herself, to the ULTIMATE *SELLING* OBJECTIVE of getting them well.

That chiropractic philosophy, science and art eliminates ALL medical VARIABLES, thereby discarding ALL accumulative DESTRUCTIVE survival values to the sick.

That chiropractic presents ONE series of constants in sequences which apply to ALL centuries old symptomatic and pathological diseases, which whittle down to and fit exactly into ONE specific, positive DIS-ease.

That chiropractic philosophy, science and art corrects uncontrollable VARIABLES, thereby resists hazards of empiric and arbitrary fractional medical methods and conclusions based thereon, to the detriment of the sick.

That chiropractic philosophy, science and art accumulates *unchangeable* CONSTANTS, establishing a scientific standardized process of approach and delivery safeguarding sane, sound and sensible delivery of longer life and health to the sick.

That ONE series of decisive proofs that meet ALL requirements IS the chiropractic philosophy, science and art.

That chiropractic PHILOSOPHY has THE ONE common SPECIFIC denominator in the INTERNAL Innate Intelligence, alike, to ALL people EVERYWHERE.

That chiropractic SCIENCE has ONE common SPECIFIC denominator in ONE specific CAUSE of ALL sickness in the vertebral subluxation.

That chiropractic ART has ONE common denominator in the SPECIFIC VERTEBRAL ADJUSTMENT CORRECTION of that cause, done by hand only.

The chiropractic potentially of ONE SPECIFIC CURE for ALL disease is the INTERNAL Innate Intelligence, a common denominator in ALL people alike.

To do ANY OR ALL these IS TO STANDARDIZE one single and simple approach and delivery of health TO the sick.

That chiropractic philosophy, science and art DOES meet EVERY demand of EVERY SICK person EVERYWHERE when sick who WANTS TO and NEEDS TO get well.

DISEASE is the hue and cry of all medical study. HEALTH is the absent, unknown quantity or element taught and studied in medical colleges, or practiced in medical offices. DIS-EASE and what caused man TO DIE—that is the great medical objective. LIFE and what causes man to live—that is the great unknown medical study of man.

Behind every symptom and pathology, they exist effects.

Behind every effect is a cause.

Behind every cause there is a law.

Behind that law is a unit or universal directing intelligence.

Know the *law* OF LIFE and you know THE CAUSES of death.

Know the law OF HEALTH and you know THE CAUSES of dis-ease.

Know the laws and ITS causes, and else follows.

Know the law and ITS causes, and you know every symptom, pathology, effect.

Know the law and ITS causes of life and health and you automatically know cause of dis-ease and death.

Know the law and cause of life and death, and you automatically know every deviation and deflection between life and death, health and disease.

Medicine always has, does now, study nits, lice, fleas and ticks on the tail of the dog, and "How such germs wags the dogs body from *outside-in, below-upward*, causing the dog to get sick and die." HOW to kill nits, lice, fleas, ticks, and germs on tail of dog is the great all important thing in medicine.

Insecticides, germicides and other death-dealing chemicals are sprayed on, rubbed in, poured in or on, injected into, the dog's tail, until all animal life on the tail of the dog has ceased to exist, thus do they try to save the life of the dog. What about tomorrow? Same condition that brought another breed today and tomorrow.

So, we back up to WHY nits, lice, ticks, fleas, and germs at all?

ALL "nature" balances itself. Where there is scavenger matter, there will be scavengers to live and thrive upon it.

Dis-ease produces refuse; dead, decayed matter. Dead matter induces scavengers.

To kill nits, lice, ticks, fleas, or germs, on tail of dog, is to treat effects. Back, in and behind tail of dog, is a sick dog with dead tissue matter.

Back, in and behind sick tail, is sick dog with an interference between its LIFE and HEALTH forces in its brain, and the sick body and tail below and behind.

FIND CAUSE behind interference, between brain and body from *above down, inside-out*, and you have eliminated everything

medical; sick dog gets well, nits, ticks, fleas, or germs have nothing to live on on the tail, they disappear because THE DOG IS WELL.

Find THE LAW OF LIFE AND HEALTH, and you work from HEAD DOWN, never from tail up.

In this talk, we recite the experience of a sick patient who seeks to get well, who goes through the usual experiences from different kinds of doctors.

The first is a patient who goes to the medical doctor, that is being his, or her, FIRST thought.

Patient knows when he feels at ease, or suffers with distress or sickness; is healthy or suffering; is in comfort or wasting condition; whether sense of sight, hearing, smelling, tasting or feeling are normal or abnormal; whether feeling cheerful or suffering.

Knowing HOW and WHERE he feels bad, he decides it isn't serious and proceeds to treat himself in some of many ways. He, or she, talk to their married companion, counsel with each other, discuss their condition with neighbors when they drop in, who talk about common neighborhood remedies about what to do. He or she, tries all home remedies suggested; he, or she, gets SOME relief.

He, or she, listens to radio, or TV, hears about the high-sounding praise of this or that pill, drug at bargain prices, any, or all, of which can be bought at local drug stores. If the drug contains dangerous substances, the Government Drug and Food Act advises the advertiser against over-taking, such as sleeping pills, which can be temporary in small doses, or permanent in large doses.

Sooner than later, patient realizes relief sought is not a cure, that the condition continues and lingers on, gradually getting worse from week to week. Patient, later than sooner, realizes something serious is developing, that "home remedies" give only relief but not a cure. Somebody suggests he, or she, go to an experienced, trained, taught, educated, graduated, licensed doctor of medicine.

An appointment is made with some physicians who have

been highly recommended by some friend. Both sit in the doctor's office. The doctor asks patient to tell him about his condition; WHAT do you feel? HOW do you feel? WHERE do you suffer? WHAT KIND of a distress is it? Locate it as near as you can. The patient goes into detail, taking plenty of time to elaborate about his suffering; time of day it is worse, when it is less, whether it be day or night, at work or at rest, etc., etc., ad infinitum.

Now, its the doctor's turn. He asks many *more* questions about what the patient has told him. The patient elaborates more in answering doctor's questions.

Eventually patient has told ALL he can and doctor has found ALL HE can think of during this visit.

He hands the patient a bottle, asks him to retire to ante-room; chest he listened to; abdomen is thumped; knee-reflexes are tapped; multitudinous tests of varied kinds are given; blood samples are taken; blood counts made—this, and much more is recorded.

Patient is mystified by all this, his confidence in the physician is so great that anything he is told he has, or to take, is gospel truth. Next to his preacher, comes confidence in his physician.

Patient is advised all these tests need study. Will he please come back several days hence and a report will be made.

Meanwhile, during the interim, doctor assembles the history, ALL AS TOLD BY PATIENT, possibly somewhat verified by tests made, reassembles them, endeavors to separate subjective from objective symptoms, endeavors to locate offending organ or organs, in their relation to the general system, how some one may affect action of another, or others, and eventually comes to an opinion he calls a diagnosis.

Upon return of patient, he, or she, is told what doctor thinks it is—then follows some latin terminology, described in other latin terminology; little of which does the patient understand. To ask THE DOCTOR what all this means, would be scientific heresy. The patient is mystified at the depth, length and breadth of the profound superior knowledge of physician, of what is supposed to be wrong with him.

Patient little realizes that the doctor would know practically nothing IF he, or she, kept their mouth shut; that all the doctor knew was to reassemble everything THE PATIENT told, who gave it all a medical diagnostic name. Patient belched gas, and believed he "had stomach trouble." The physician told the patient he had "peristaltic-gastrodynia with a fundas prolapsis."

With this profundity began to grow a fear and scare in mind of patient, evidently he was worse than he thought he was.

With all this momentous abstuse and amazing intelligence, proven to entire satisfaction of patient, next move was WHAT TO DO? Some form of treatment will be given or prescribed something beyond the aid of mother's home-made remedies, patent medicines, T.V. specials, or what could be easily bought at a reduced rate at the corner drug store. Physician writes a prescription, a little of this for a little of that; a little of that for this; and, something of different kind for each of various conditions HE THINKS exists.

All this is done with fixed educational qualifications that physician ON OUTSIDE of patient, THINKING INSIDE OF PATIENT, knows what is INSIDE patient.

Physician advises patient HOW to take it, how OFTEN to take it, and be careful to follow instructions on the bottle, advising that, after all, don't be in no hurry, because "NATURE cures." (Does "NATURE" come in bottles, compounds, injections?)

Apropos of WHAT physician GIVES patient, and state of mind OF PHYSICIAN in prescribing, let us quote from an article—"MEDICINE'S HUMBLE HUMBUG, by J. D. Ratcliff," in READER'S DIGEST (Sept. 1956) which puts another light on the problem of incompetency, insincerity of what to do for diseases, in spite of the so-called vast "scientific research," for which they annually spend millions of dollars.

"Perhaps the most REMARKABLE of the 'miracle' drugs is one that has made no headlines, and is seldom or never discussed PUBLICLY BY PHYSICIANS. Reason: it does absolutely nothing—slays no microbes, prods no glands into activity, has no magical tranquilizing effects. Yet in an ASTONISHING LARGE PERCENTAGE OF CASES

this totally inactive substance achieve EXTRAORDINARY CURES."

(Interjection: In weighing evidence of this article, how often have we heard it said by physicians, that "people who go to chiropractors ARE NOT SICK, they just think they are.")

"The drug is the placebo—pronounced pla-see-bo. It may be a highly colored pill of inactive milk sugar, a capsule of starch or a shot of ineffective salt water. IT IS MEDICINES HUMBLE HUMBUG. It's sole purpose IS TO MAKE PEOPLE THINK THEY ARE GETTING BETTER—and in a remarkable way, a number of cases do get better.

"A generation or so ago the placebo WAS THE REFUGE of the HARASSED physician.

"Half a group would get the new drug; half, a placebo. The difference IN RESULTS served as a measure of the new drug's effectiveness. THEN PHYSICIANS BEGAN TO NOTICE CONSISTENTLY HIGH 'CURE' rates WITH PLACEBO.

"Placebos were found 40 per cent effective in controlling the resulting spasms—"

Physician after prescribing, asks patient to LET HIM know "what occurs, what changes are noted, when and how, and whether he feels better or worse." The doctor is anxious to know REACTIONS OF DRUGS OF REACTIONS of patient, for he knows that NO ONE DRUG ACTS THE SAME ON TWO DIFFERENT PEOPLE; that EVERY drug has different reactions on different people, therefore, he wants to know how THIS DRUG acts ON THIS PERSON.

Patient returns after saying he, or she, got relief, pain eased, there was less belching, urine was lighter color, BM's were more easy. Patient is pleased, and so is the doctor. Or, should the reverse be true, if the drug given was ineffective, then something else is tried. Some drugs paralyse the flow of afferent impressions FROM injure to sick efferent tissues cells, enroute UP TO the brain where they would be interrupted as abnormal sensations, short of being normal, the degree of which constitutes "ache, pain" etc., by the Innate. Some drugs paralyse these AFerent impressions, between an abnormal tissue cell and

the normal brain cell, and, in doing so “kill pain” because NO impressions flow Aferently.

In time, a few weeks, patient tells physician drugs he’s been taking are having no effect. Physician now has one of two choices, change the drug or increase the dosage. Physicians knows that the “Nature” IN that body, given time, builds up a *resistance* to certain drugs.

During this more or less semi-acute state, patient begins to get worried. WHY isn’t he getting better? WHY is he still sick? WHY isn’t he getting well? DOES the doctor know, or doesn’t he? Is he a competent doctor or are there others more competent?

Let us back up again to the above quoted READER’S DIGEST article, where it continues:

“Dr. Louis Lasagna, assistant professor of pharmacology and of medicine at John Hopkins’, explains in SCIENTIFIC AMERICAN HOW PLACEBOS CAN BE OF REAL HELP TO PHYSICIANS: “A medical practitioner IS OFTEN faced with the need for MARKING TIME. He may be waiting THE RESULTS OF A DIAGNOSTIC TESTS, or BE BAFFLED BY A PATIENT’S COMPLAINTS, OR KNOW THE correct diagnosis but lack EFFECTIVE TREATMENT. In such situations, when the patient expects some immediate therapy, it is usually simplest—and wisest—for all concerned to PRESCRIBE A HARMLESS PILL OR LIQUID.

“To insure the success of this pharmaceutical charade, THE PATIENT MUST BE KEPT UNAWARE OF THE DECEIT. The well-known ILLEGIBILITY OF PRESCRIPTIONS frequently makes it impossible FOR A CURIOUS PATIENT EVEN TO GUESS AT THE NATURE OF THE MEDICAMENT.

“To guard against the possibility that the patient will ask the pharmacists about the contents of the various VILE-TASTING AND VIVIDLY COLORED TINCTURES WHICH BEAR IMPRESSIVE NAMES.”

In time, somebody suggests he, or she, go to a “specialist,” one who knows more and more about less and less, meaning that he specializes on one specific portion, such as eye, ear, nose, throat, lungs, heart, stomach, etc., forgetting that THE PART

is A PART of the totality and is in functional relation to balance of body, ad infinitum.

So, our semi-acute case, *now* being indulged, except it is all more or less centralized to one certain portion on the theory that the part controls the entirety, ignoring all else. Again case comes through with a diagnosis, more than likely different than previous one. Being a special disease, of one organ, treatment of different kind is resorted to.

Meanwhile, in spite of everything local doctor, or specialist has done, all of which was faithfully followed by the anxious patient, condition grows worse. Patient now becomes seriously worried; he has been told he might have to give up eating certain things, quit smoking or drinking, possibly quit his job, or go to some warmer climate. He is gradually growing weaker, losing weight, pep is gone, lack of interest, getting grouchy, mental dullness slowed up bodily action.

Husband and wife talk over this condition with the "specialist" who advises A CONSULTATION of specialists. Patient now appears before a group of specially educated, trained, licensed specialists, each to his own specialty. One thinks it's this, another thinks it's that, no two seemingly agree—which patient does not know because this does not take place with him present. Purpose of this *group-study* and *group-diagnosis* is to see if all were wrong, or all are right, or which one was wrong, or which ones were right. Regardless of what each individual thinks, they will come out with a common opinion to patient. Conclusion reached might be right, or wrong. With this combined diagnosis, there comes a combined opinion of treatment, which the patient is advised "to try" which he, or she, does.

Time lags, as it always does with medical patients and medical doctors. Patient gradually gets worse, getting thinner, losing interest, losing weight, etc.

Having unquestioned confidence in medical men, knowing they SHOULD know *what* is wrong, *where* it is, and *what* to do if anybody does, feeling they will eventually hit-or-miss what is wrong, patient continues to go from one doctor to another, knowing nothing else to do; physician turns the case over to a

surgeon who advises an "exploratory operation" to see if they can find what is wrong **INSIDE** which they couldn't determine **FROM OUTSIDE**.

Rather than carry the added burden of a hospital, nurse, surgical, anesthetists bills, plus his already piled up medical bills, patient begins to feel doubts begin to arise as to whether an operation would do any good or make them worse.

Somewhere, somehow, in discussing their sickness with friends, as all patients like to do, somebody suggests this or that, and amongst the rest, some kind and well meaning friend suggests, "Why don't you go and see my chiropractor? I had a similar condition as yours. In a few days I was well again."

"Chiropractic" is a new word, a new kind of doctor, something different. Patient is skeptical. He is beginning to get down on all doctors, regardless.

The friend tells about how he, or she, went the rounds of all doctors, got worse, and finally wound up in the Chiropractor's office **AND GOT WELL**.

This starts a conversation between faith and no-faith, belief and no-belief, skepticism and doubts, between actual experience of one who got well and obstinate vigorous questioning on patient's part.

Here is what runs through their minds. Patient, in spite of the fact that he is the one sick, who suffers, feels pain, realizes shortcomings of his health, is not competent to describe correctly, accurately, or locate his conditions rightly; his language is that of a layman; his language to a physician is usually limited; his understanding of diseases is usually based on fears and frights, scares, created artificially by propaganda tending to embarrass him in the presence of the physician. How many organs are directly or indirectly involved, to what extent tissue structure might be inflamed, paralyzed, destroyed, he has no idea. When it began to go wrong, how long it has existed, how serious it might be to terminate; all this is an unknown mysterious field in which he finds himself unable to be certain about anything when describing his or her condition. Even though patient lives **WITH** himself, **WITHIN** himself, 24 hours a day, every day, his con-

dition is so complicated, he cannot be certain about much of anything.

Conversing together—patient and physician—patient TRIES to explain everything as he thinks or feels it, even though this is far short of a complete knowledge or ability. Doctor, ON OUTSIDE of patient, listens to inter-communications of vague words, terms and descriptions, tries to imagine what goes on IN INSIDE of a foreign person, has no way of knowing when this or those conditions began, how large or small an area is involved, how slowly or rapidly it developed, whether it is one organ or several, whether it is this or that bug that “caused” this sickness; how accurate patient is in description, or tends to exaggerate minutest detail—all this physician ON OUTSIDE cannot KNOW WHAT GOES ON ON INSIDE of patient, so, he is compelled to take a long-shot guess and hope he is somewhere near right.

So, with hesitations and misgivings, our sick man, or his wife, who has fast fading hopes of getting well some time, somewhere, some way, from some person, wanders into a chiropractor’s office.

To his surprise other patients are happy. He listens to their experiences and they are about the same as his.

Chiropractor, saturated with principles and practices, more than likely leads off directly with a frank talk.

“Instead of YOU TELLING ME what’s wrong with you, let ME tell YOU what’s wrong WITH YOU. Instead OF ME depending upon what you TELL ME, I want YOU to depend UPON WHAT I’M GOING TO TELL YOU.

“You are sick or you wouldn’t be here! You have failed to get well anywhere else, with all you’ve tried and now you’ve come hoping you can get here what you haven’t received anywhere else!

“Let me, at the beginning, TELL YOU there is nothing YOU can TELL ME that interests ME. I am not interested in your diseases, aches, pains, or sufferings, I’ll take all that for granted. YOU know what and where they are, all doctors you’ve been to wanted to know what and where they were—that’s WHY you’re still sick—they all began at the wrong end. I’ll take it for

granted—it is not necessary I waste your time and mine to wade through such. You have recited symptoms and you've had them treated, and you're still sick. None of this WE do here.

“Surprised, aren't you?”

The outstanding marked contrast in procedure is—medical men are vitally concerned in anything and everything about symptoms, how and where, what to do *in treating them*. The chiropractor *is not* interested in such.

The chiropractor KNOWS there IS an Innate Intelligence LIVING IN the body of every person. HE KNOWS Innate built that body, has run it for many years; KNOWS its every tissue cell; KNOWS whether each organ is or is not doing its full, normal, healthy duty; or, if not healthy, exactly how sick it is below par. He knows that Innate IN patient is aware there is sickness, *where* it is, *how much* is involved; KNOWS *how* to repair and rebuild it back to normal. In this understanding, Innate OF PATIENTS does not prescribe pills FROM OUTSIDE to get the machinery running naturally. Innate of patient is concerned WITH POSITIVES OF LIFE, HEALTH, NORMAL function, NATURAL, SIMPLE existence. “Knowing THAT INNATE KNOWS ALL this, why should I, as a chiropractor, begin a blind-man's bluff guessing game?”

The chiropractor KNOWS Innate IN PATIENT knows more about the INSIDE of patient's sick body in one second than WE could, would or *will ever* know, no matter how long we go to college, how many semesters we sit in chairs, how many books we read, how many lectures we hear, how many diplomas or licenses we secure—KNOWING THAT INNATE OF THE PATIENT KNOWS ALL THIS, chiropractor leaves ALL THIS to the INNATE to know. “We here waste no time trying to ape medical man's approach to make you think we are as well equipped to fail to do the same thing he did; neither are we interested in coming out the small end of that big funnel he came out of.”

No matter how much education a person has, suppose he goes to a foreign country where religions, commerce, farming, people, customs, in fact, everything IS BASED ON A DIFFER-

EN APPROACH. He enters seaport town, stands on deck of ship and looks at this NEW country FROM OUTSIDE. What DOES he know, how much CAN he know, observing that NEW country and how its people live? Even if he leaves the ship and enters INTO that country, how much CAN HE know after an hour or two of a quick cross-country trip? After all *that* is exactly what any medical doctor gleans when he talks to a patient, listens to THEIR story and then wonders what goes on INSIDE that patient. What can 15 minutes, an hour, tell the doctor, as against the Innate that HAS LIVED INSIDE IN that body from birth to now when he enters any doctor's office. What power does any doctor possess to change religions, commerce, farming, customs, people in this foreign country FROM OUTSIDE in a day or two, as compared to people who lived in *their* country for centuries, built it, know its every inside problem and solution?

Betwixt and between this vast canyon on incapacities to come to a perfect communion between sick patient and doctor, there STILL IS ONE SOURCE THAT KNOWS everything the patient does not know. This source of knowledge is at the beck and call of both patient AND doctor. This source of exhaustless knowledge KNOWS everything that the patient would like to know, but *never will*; and knows everything every doctor would like to know, but *never will*—and yet in spite of these imponderables, Innate is consistently ready to do everything patient AND doctor wants and needs have done—to get the sick well.

That Innate gave birth to the child, created and built *every* tissue cell in its body, placed *every* organ and started it running; has been functioning that body intelligently from birth to day patient walks into his office. INNATE KNOWS *where* things are going wrong, where sickness exists, *how much* of its is abnormal, *how long* it has existed, whether it can be repaired, and, if so, *how* to do it; or, whether the old home is so badly run down it is not worth rehabilitating—all this, and more, is at the command of sick patient AND CHIROPRACTOR, if they know where to permit it possible.

“Betwixt and between this vast canyon of past failure experience of this impossible hurdle of medical imponderables, be-

tween you and physicians you have been to, IS WHY you are here in our office now.”

Medical doctors you have been to, pride themselves on their extensive educations, four years of college, two years pre-med-preliminary, leading up to license by a state medical board, which certified he *was* a qualified *medical* practitioner even though it did not qualify him to GET SICK PEOPLE WELL. All he knows WAS PUMPED INTO HIM FROM OUTSIDE which he is now using FROM HIS OUTSIDE TO THE OUTSIDE OF SICK PEOPLE thinging HE knows anything, everything, everywhere, what’s going on, or isn’t going on, in INSIDE of patient FROM OUTSIDE story told by PATIENT. His four years of college, plus thirty days or thirty years of practicing at guessing FROM HIS OUTSIDE TO THE INSIDE OF THE SICK, is still one of those impossible situations where his OUTSIDE is so small, insignificant, so tremendously impossible and improbable; and, the INSIDE INNATE OF PATIENT is so huge, magnificent, possible—and this is the problem that makes the medical physician incompetent TO GET SICK PEOPLE WELL—“and that’s exactly WHY you are in our office now.” Knowing that Innate knows all these things, why should *we* as chiropractors fuss, stew, and fret trying to do what we CAN’T do. The chiropractor is vitally concerned in KNOWING things medical men DON’T know—learning everything ABOUT CAUSE and how to correct it, knowing that Innate will correct all symptoms and how to get the sick well FROM THE INSIDE.

When you were well, you lived because of a certain definite natural law, whether you knew about it or not. It continues to live IN YOU in spite of you, not because of you, or your education. When you die, you will cease to live because of the complete absence of that internal law at work. It will leave your body in spite of you, not because of you or your education. Now that you are sick, it is a MIDWAY interference between life AND death, health AND its absence; where such exists in the brain AND total lack of *any* expression in tissue cells. It exists in YOUR brain and flows directly through a mental impulse supply, over or through YOUR nerves to every organ in YOUR body,

to all parts of YOUR body. Somewhere betwixt and between YOUR Innate law of living, in YOUR brain, and its expression as function in your body, IS AN INTERFERENCE reducing normal quantity flow between. Its lack of normal frequency of expression at external ends of those nerves, is what produces some sort of an abnormal sick and unhealthy function, called dis-ease. "What this is, WHERE it is, HOW BAD it is, WHAT ORGANS are involved, or HOW BAD you feel does NOT interest us."

Because of this lack of any interest in symptoms on the part of the chiropractor; and, because it is the ne plus ultra, alpha and omega of everything medical, medical man thinks the chiropractor ignorant and incompetent, because he disregards all importance of symptoms, diagnosis of them. In these respects, medical man is right, chiropractor IS ignorant of what medical man thinks is all important. (But, in the passing, let us remember, the medical man HAS FAILED TO GET YOU WELL.) The chiropractor is rebuttal to this challenge, says medical doctor is equally ignorant because there is no way HE (the medical doctor) COULD or CAN know ALL HE SHOULD KNOW about the *natural inside* law, in spite of the fact he thinks such is not ALL important. The chiropractor is convinced medical doctor is equally ignorant and incompetent because he ignores the all-important intelligent approach to knowledge of the *internal* Innate Intelligence and its complete 100 per cent control of everything INTERNAL in the sick person. In this respect medical doctor IS ignorant.

Apropos of this Innate Intelligence premise chiropractic established in 1895, of difference *between* medicine which scornfully ignored the internal Innate *and* chiropractic which conceded its supreme importance; where medicine made no discrimination between a reflex-action-function and a function intelligently governed and directed by Innate; where medicine saw fit to try to jump the gap with a "conscious" mind and a "SUB-conscious" mind; now comes an article in READER'S DIGEST (Oct. 1956) which sustains the chiropractic premise, in part.

"YOUR BRAINS' UNREALIZED POWERS"

by BRUCE BLIVEN

"The human brain is one of the most wonderful things in

the entire universe. Most of us think of it as a delicate mechanism, which it is; but it is also sturdy and durable, a far more useful tool than is generally realized.

"Is there such a thing as 'brain fag'?—Yet scientists believe **THAT THIS STATE CANNOT EXIST**. Your brain is not like your muscles. Its operations are not muscular but electrochemical in character, comparable in part to a direct-current wet-cell battery.

"When your brain appears tired after hours of mental work, the fatigue is almost certainly located **IN OTHER PARTS OF THE BODY**, your eyes, or the muscles of the neck and back. **THE BRAIN** in itself can go **ALMOST INDEFINITELY**.

"The brain's capacity is almost inexhaustible. That part of your brain involved in thinking and memory, and all **YOUR CONSCIOUS** activities, has as its most important part 10 or 12 billion minute cells. . . Thinking and memory are associated with the passages of these electrical currents. **THE WISEST MAN WHO EVER LIVED CAME NOWHERE USING THE FULL CAPACITY OF HIS WONDERFUL MENTAL STOREHOUSE**. Quite possible, people in general employ only 10 to 15 per cent of their brains' capabilities.

"How the brain stores its memories **IS STILL NOT FULLY KNOWN**.

"Dr. Ralph W. Gerard, neurophysiologist of the University of Michigan, has estimated that after 70 years of activity the brain may contain as many as 15 **TRILLION** bits of information. Thus your memory is a treasure house whose size and strength are almost beyond human comprehension. **IT IS A PITY THAT SO MANY OF US STORE UP SO MUCH LESS LEARNING AND EXPERIENCE THAN IS POSSIBLE**.

"Dr. Catherine Cox Miles, indicate that some of the most important men of history had no more than ordinary IQ's.

"Among them, for example, are statesmen such as Cromwell, John Adams and Lincoln; military heroes like Drake, Napoleon and Nelson; writers like Goldsmith, Thackeray and Emerson. All these men, to be sure, were above the average in intelligence, yet they ranked far below the most brilliant of the individuals studied. **WHAT THEY POSSESSED IN HIGH DEGREE WAS CHARACTER**, and the ability to plodding ahead until they achieved what they had set out to do.

"Every storehouse **OF THE SUBCONSCIOUS MIND, THE**

MOST WONDERFUL PART OF YOUR MIND IS UNDOUBTEDLY THE UNCONSCIOUS, which lies BELOW the recoverable memory AND IS THOUSANDS OF TIMES LARGER. WE DON'T YET KNOW MUCH ABOUT THE SUBCONSCIOUS MIND. BUT WE ARE LEARNING FAST AND SOMEDAY MAY KNOW HOW TO TAP ITS GREAT POWERS.

"Your SUBCONSCIOUS mind CONTAINS MANY MILLIONS OF VAST EXPERIENCES THAT, SO FAR AS YOUR CONSCIOUS MIND knows, are lost forever."

We agree to the general import of that article. We disagree when he refers to inter-relationships between "conscious" and "SUB-conscious" minds. We agree the so-called "SUB-conscious" mind is in reality the SUPER-conscious mind. What he does NOT do is to separate difference between "conscious" EDUCATED brain and mind, with its extremely LIMITED potentials AND the SUPER-CONSCIOUS INNATE BRAIN AND MIND WITH ITS UNLIMITED POTENTIALS OF MILLIONS OF YEARS AS IT PASSED THROUGH MILLIONS OF EVOLVED PEOPLE. To call THE GREATER AND FAR MORE IMPORTANT MIND THE "UN-conscious" mind is to belittle it as having NO consciousness, understanding, reason, logic, or ability to discriminate between right or wrong, good or bad, life or death, health or sickness, putting it BENEATH AND BELOW the mind we ordinarily think we think with. His words are topically that of all ancient antique medical terminology.

(See our Vols. 32-33 for full and complete elaborations of the chiropractic concepts.)

The chiropractor is, or should be, entirely concerned with location OF CAUSE of *interference between* manifestation of its great INNER power and ITS activities in the body which when interfered with produces dis-ease. When THAT has been located, he has ascertained THE CAUSE of *the one* and only *specific* condition of lack of ease of every person regardless of symptoms, diagnosis, disregarding where it is, what organ or organs are involved, how long standing, or severity.

Medical man, too, says HE is interested IN CAUSES, multiple ones, but looks for EXTERNAL causes of conditions and

things OUTSIDE body of patient, which "causes" him to be sick INSIDE; such as germs, drinking waters, effluvia, etc. Chiropractor looks for INTERNAL causes conditions and things INSIDE the body as violations of the INTERNAL law of life, normality, functions, and *interference* to such induced and produced quantity of INTERNAL intellectual flows which induce and produce life and health; or restore it from the *inside-out* when absent. In this respect, we again see a difference in approach in getting the sick well.

"What we are interested in, as chiropractors, in you as a chiropractic patient, is LOCATION OF THIS INTERFERENCE AND ITS CORRECTION. We can locate this quickly, reliably, swiftly, with certain instrumentalities. We have proven this principle and practice sound in millions of medical failures and chiropractic successes.

"We shall have spinographs taken, ascertaining THE misaligned vertebral subluxation in your spine which is producing a pressure upon nerves, reducing the normal connecting media between YOUR brain and body, reducing normal to an abnormal flow between Innate and its expression, producing dis-ease between brain and body REGARDLESS of WHERE it is, WHAT it is, or HOW bad it is. In an hour those spinographs will be dry, we will analyze them, then we will use our neurocalometer and neurocalograph to prove that is where THE interference is at a certain place, after which we will give AN ADJUSTMENT to correct misalignment of this subluxated vertebrae, which will take but a second of time, all done by hands only. When WE have done THAT, We have done ALL WE can do. From then on it is for the great storehouse of power—this INTERNAL LAW OF LIFE WITHIN YOU to take over and get you well."

The chiropractor KNOWS that once interference to normal inside flow of this LIFE, HEALTH, NORMAL, NATURAL, SIMPLE LAW can get through from where it lives IN that body, and connection has been re-established *within* its body to where it needs express itself, then INNATE, knowing everything about INSIDE sickness of that body, WILL DO WHAT IS NECESSARY TO RESTORE LIFE AND HEALTH to wherever need-

ed; therefore, the chiropractor side-steps wasting valuable time TRYING to substitute his ignorance, trying to do the work INNATE ALONE can do.

Chiropractor, knowing all this, starts AT ONCE on the primary and all important issue—WHERE IS THE OBSTRUCTION TO FLOW BETWEEN INNATE AND FUNCTION. Then proceeds to the secondary issue—THE CORRECTION OPENING THE GATES TO THIS FLOW. Once this is done—from then on INNATE IN PATIENT TAKES OVER and does everything patient WANTS AND NEEDS HAVE DONE TO LIVE. This simplifies HOW TO GET SICK PEOPLE WELL. This simplicity is what baffles medical doctors and some medi-practors who try to supplant Innate IN patient, by ignoring Innate IN patient, by substituting HIS medical training. Innate thinks the chiropractor a very ignorant fellow. The chiropractor, by contrast, KNOWS Innate IN THE PATIENT is a VERY INTELLIGENT, CAPABLE AND POWERFUL fellow.

Chiropractic has developed this principle and practice, its philosophy, science and art, to such a high degree of perfection in getting sick people well, that any sick person can come to our research clinic; deaf, dumb and blind and NEVER UTTER ONE WORD TO ANYBODY IN OUR ORGANIZATION; we knowing WHERE to locate THE cause, find THAT CAUSE, correct it, get them well, and never know WHAT they were sick with, where, or how bad. That is what EVERY doctor should be able to do. It IS what WE do.

“If you are ready and willing NOW TO GET WELL, we will proceed.”

Several days, weeks or months later, depending upon how efficient the chiropractor is in correcting cause; how young or old patient is; how short or long standing the condition; how much damage has been done that needs repairing, the patient can go home well.

The patient, perhaps, is still as bewildered at HOW he got when medical men failed; is still bewildered at how simple the procedure is in getting well with chiropractic. He, or she, is still amazed at the proven gross incompetency of the highly-touted

over-educated medical man and by contrast apparent simplicity in the use of one single specific principle and simple correction, that got him, or her, well.

Discussing his, or her case, with some friends one day, and telling them how medical men and medicine failed and how chiropractic adjustments got him, or her, well with the aid of his, or her own internal Innate, they remarked: "In spite of the boasted and exaggerated values medical men think they possess, or the high esteem the general public has in their scientific skills, or the tremendous money placed at their disposal for education, training and research—IF THEY *FAIL TO GET SICK PEOPLE WELL* and *CHIROPRACTIC DOES GET SICK PEOPLE WELL*, then the entire medical structure totters for medicine is supposed to exist for no other reason than that; and, if chiropractic *DOES GET SICK PEOPLE WELL*, as has proven in our case, then *CHIROPRACTIC* has a right to existence and for that reason is destined to live in spite of all odds against it in this present day.

"If others could be saved financial losses we have gone through, if sick people only knew what we NOW know, what a blessing this chiropractic knowledge would be to them. We wish everybody in the world could be told what we now know."

Let us present a simple and single solution of living man. Almost anything and everything IS known about THE PHYSICAL *properties of matter*, regardless of whether it be vegetable, mineral, or animal, both in bulk form or microscopic minutae. Almost anything and everything about education, man knows or thinks he knows. He has builded it up to greater values than it is worth. To education, education is the great I am, the know-it-all. How he comes by it, gathers it, or multiplies it into balloon proportions, he doesn't know. When it comes to that great unknown, the great beyond which built the universe and all creatures and things in it, that mysterious up and above—that, to him, is a mystery, an enigma which he has not solved—and, what is more, never will. Because *he* cannot EDUCATIONALLY understand it, know it, govern it, direct it, regulate it, run it, then *to him* it is a conundrum that *he* tries to talk about, pray to, and suggests what IT

ought to do under any and all conditions and circumstances. That this great beyond AND matter are together, working as a unit, one permeating and consuming its responsibilities and duties blending into matter until they become as one, is obvious. Yet HOW this occurs, why, when, where—these are unknown.

Mind *and* matter are indissoluble, indivisible.

Two elements of matter are deposited. Innate of mother now begins a process of expansion into form. A *dependent* organ begins to develop. In 280 days, this organ is finished into shape. It is ready to be expelled and become an INDEPENDENT unit of creation. It “is born.” At that moment of complete separation of child and mother, as Innate takes possession and begins to direct, regulate, control, and run all internal functions from *above-down, inside-out*, of this newly formed unit. From now on THEY ARE INTERNALLY TOGETHER and will continue so, so long as the unit shall live.

As a UNIT, it is internally *independent* of environment. As A UNIT, it is forced to externally meet with, face, and direct this mobile unit into movement and to face and cope with surrounding EXTERNAL environment. To meet this contingency, Innate has placed one part of its totality of brain, and gives it a flow of force between itself AND the empty brain, that it might use its external senses to see, hear, feel, smell, and taste that which *externally* surrounds itself. AS impressions ARE received, they are immediately referred to this empty brain, where Innate interprets them by evaluating their quantities and qualities. As slowly or as rapidly as they are received, interpreted, and evaluated, they are assembled into relationship associations with each other into formations of thoughts, ideas. Given time, perhaps years, this assemblage becomes EDUCATION, per se. The more external senses ARE used, more concentratedly they are evaluated, greater becomes THE EDUCATION of that individual.

Inasmuch as education is only conscious OF EDUCATION, then to EDUCATION, *education* is all that counts or is of value. That he IS aware of the great inknown, in-and, behind, up-and-above, is always a lurking, invisible, unseen, unheard, unknown TO EDUCATION. Being NON-conscious, UN-conscious TO ED-

UCATION, then *to* education it becomes the "SUB-conscious" something he does not know, recognize, understand, or admit in reality.

That religions acknowledge a SUPER-conscious Diety, is known. That science denies it in any other than terms of EDUCATION as a "SUB-conscious" mind, is also known. IF EDUCATION could, would, and did acknowledge Innate as THE SUPER-consciousness that is up and above ALL EDUCATION; admit its presence IN the living body, directing its all, all the time, then man would humble his insignificant education and glorify that which IS WITHIN HIMSELF that takes precedence over all else. He would then understand that THERE IS A UNITY between Innate and matter, Innate and education.

Apropos is the following received from Stephen A. Duff, D.C., San Rafael, California, July 15, 1956:

"There are many means of attaining an END to life, an end to Innate Intelligence and her brain-to-body control of life in the human body.

"The most drastic yet rapid means of robbing life before the tallow has been fully burned—is the guillotine—which has been used most effectively for centuries in France.

"Prior to the advent of electricity and still accepted by modern lethal-dealing powers of the day is the hangman's noose—which gained popularity in the western "frontier" of the United States, though of European descent.

"Various slower means to an End of Life have been and are being used by savages in the depths of the jungle.

"As time elapsed and generations have passed, recognition that in the brain is Innate Life and its expression to the body must be stopped to stop life seems to be a basic code of understanding for those inventive minds which have so often proven their case.

"The less final barnariious insults no longer used that set about to destroy or render useless the five senses were dropped because life without senses brought deeper awareness of life itself, even though devoid of outward recognition or communication of an accepted nature.

"Use of oxygen-replacing gases is also a later-day sadistic method of assassination of Temples of the Soul, or destruction of the House of Innate.

"For order to prevail in living man, or animal, instructions must be sent, received acted upon—from brain by way of mental impulse nerve communications to tissue cells. Disorder would be dis-ease; No ORDER would be death.

"The human animal brain is the organ for sending and receiving sets of life expression. The body proper is the dispensable, replaceable instrument of endeavor. The purpose is life fulfilled; the threat is premature expressions of early death; the prelude is disease.

"A man dedicated to the purpose of allowing full-blossoming of life is one who unleashes pent-up expression from the source, or brain. His opposite, or adversary, would be the executioner, one who disturbs his job of allowing normal brain expression and bodily reaction. His teacher is the Innate within.

"To subtract a full quantity of life is to replace this whole for Death. To subtract a percentage of a given quantity of life is to implant a diseased state. To try to artificially, arbitrarily, or externally duplicate or goad a given quantity is to try the impossible. To try to fill a spot already filled would only deflect direction already chosen.

"To be a chiropractor is to understand that life is Innate Intellectual expression from brain cell to tissue cell and return, and that death is its absence.

"A Chiropractor is a crusader of normal life and he takes not life from any human giving Innate Instrument of progress.

"A priest, minister, rabbi, or man of spiritual feeling is one who recognizes man's shortcomings and pleads for a new body, more mature, yet drugs his disowned and rejected house rather than turn the vertebral tuning-knob that allows a house of pride, a shell of present usefulness.

"Why is there a conflict—a search for a more abundant life when life is ever abundant and present?

"Why inject man like a wasp does his prey or poke at man's parts as a crab does to all moving things?

"Man's life can be snuffed to an untimely death by removing brain expression from body connection. Life can be strengthened, broadened, and brightened by making sure all from Innate brain is going to all of Innate body.

"The Chiropractor is the gate-keeper between brain and Infinite Wisdom and your body."

Chapter XIV

YOUR EDITOR MEETS B. J.

by KENNETH LIPKE, D.C.

WHAT LIPKE USED TO THINK B. J. WAS

IN MY EARLY DAYS of practice when I first discovered that Chiropractic was a slowly dying profession and after only surface research into the problem I was misled into believing that the B. J. approach and leadership was what had gotten us into this dilemma I had found the profession to be in. The other approaches seemed more attractive, more logical and . . . easier. After the past six years of exhaustive and extensive study of the problems of our profession in all their magnitude and multitudinous ramifications our analysis gradually forced us to trend back to the approach we had forsaken; B. J.'s approach. At first we resented it . . . we didn't want to admit that we had been wrong . . . we tried to prove that we were right and that B. J. was wrong. The more we tried to substantiate other approaches, the more we substantiated B. J.'s approach and the more we began to understand what B. J. had been trying to put across all these years. We finally came to the inescapable conclusion that we, and many others in our profession had been wrong, and that all along B. J. with his greater vision and insight had been right in his approach. It is a difficult thing to admit that you have been wrong and yet when all the facts were in, it had to be admitted that we had allowed ourselves to be misled and misguided.

BEING MISLED

For many years a large segment of the profession has strayed. We have followed "leaders" who might better be called misleaders, we have allowed ourselves to be guided by those who themselves were misguided, we have followed a will-of-the-wisp looking for an easier less tortuous way, fooled by those who were

also being fooled by the illusions of the near while they lacked the vision of far.

I WANTED TO KNOW THIS MAN B. J.

In January of 1959 it was decided that I would meet and interview B. J. as part of our research. An interview was set up with him in his home in Sarasota, Florida. As it turned out this visit became one of the most unforgettable and memorable experiences of my entire life. B. J. you see, is one of the most well known and at the same time one of the most little known men in the Chiropractic profession. A paradox, that occurs on the hand because of his accomplishments in developing the science of Chiropractic which has made his monicker B. J., the most well known symbol in the profession and on the other hand because B. J., he has always been aloof, hard to reach, never revealed, too pre-occupied with the tasks at hand. As a result, few people have ever really known B. J. This, our research had revealed, so when we wrote for our interview we concluded our letter with the statement: "We rarely get to meet the people we interview; we usually see that which thy want us to see and want us to think. I want to meet the real B. J., nothing more, nothing less, good and bad." In answer to this statement B. J. replied: "The real B. J. is seen by few. They see the surface, the outward fellow. What is inside, the real desires of his life, is seldom understood or known. Only a very few get close, real close to the man, I can count about one dozen who have lived with and inside this controversial figure. But, when you come you shall ask what you want and we shall at all times and in all ways be ourself without limitations. Remember, we have nothing to conceal and everything to reveal." And so we went to Sarasota. As we had fallen prey to many of the stories about B. J. we expected to find a senile old man, a has-been, worn out, inactive, bitter, hateful, mean, a crackpot, a fanatic, devoid of personality, a devil with spiked fork and forked tail. You can imagine our shock and amazement when after nine hours of one of the most searching and revealing interviews I have ever conducted, I found that he was none of these things. Now I want you to understand

that in my work as a journalist, I have met, interviewed and known some of this nation's successful and prominent people, from all walks of life. Journalists become skeptical of most people and what they want, because of the front that so many put on. As a journalist you learn how to see a little deeper, beyond appearances and what is said. During our nine hour interview with B. J. we probed, we explored his thinking, we got him to reveal his inner self, got him to talk, picked his mind, his thinking. The frankness and informality of our discussions revealed a B. J. that the profession does not know exists. I found that he is a normal human being, just as you and I with the same hopes, needs, wants desires, as you and I. He is not a nut. He is not a crackpot. He is not senile. He is not a fanatic in fact in all my studies of people who were great and near great, I, have never encountered a man of any age, whose mind was so deep, so brilliant, so active, so alert.

At 78 he is still one of the most active and energetic men you could find. He works 12-14 hours daily, on almost nothing but Chiropractic. B. J. always has much work to do, much to be done and so little time to do it. After my study of, and into this man, B. J., I feel in my considered opinion that he is one of the truly great men of our times, a dedicated man of tremendous and unbelievable knowledge and experience, who as an individual, is misunderstood and whose motives and methods are misunderstood . . . In giving this dissertation on B. J., I don't want to give anyone the idea that I think he is perfect or has never made any mistakes because like everyone else he has, or that I consider him a paragon of virtue or anything of the like, because I don't. I know that no one is. It is simply that the facts, when brought to light, reveal what I have just said.

During his presidency, Abe Lincoln, like B. J., pursued a course which drew down torrents of invective and hate and contempt. It left him unshaken. Said he, "I do the very best I know how, . . . the very best I can, and I mean to keep doing so until the end. If the end brings me out right, what is said against me won't amount to anything. If the end brings me out wrong, ten angels swearing that I was right would make no difference."

Well did he know that we are carpenters of our own crosses. And he would have agreed with a later President Theodore Roosevelt when he said: "He who has never made a mistake is one who never does anything." Great men, great blunders-little men, little blunders-no men at all-no blunders.

Chapter XV

INNATE CONTROL WITH LIVING HUMAN TISSUE CELL

INNATE CONTROL WITH THE LIVING HUMAN TISSUE CELL

AS YOU QUIETLY READ these lines, a whirl of Innate abstract and physical activity is taking place in your living body. Every second, unseen, unnoticed, millions of new tissue cells are seemingly born, although in reality *expanded* from tissue cell centers, in the body's ceaseless program of self-renewal. The centers from which all so-called new cells come, perform transformations that baffle the world's cleverest physicists and chemists, producing infinitely complex vitamins, hormones, genes, proteins. They perform striking feats of biological engineering—the outstanding example being the formation of the human ovum. At the instant of fertilization those two cells determine with exactitude the type of male or female human being to be produced, down to waviness of hair and color of eyes.

We are familiar with the great diversification of activity in a large city. It does not seem possible that our own bodies could quietly and steadily be carrying on a more complicated and extraordinary process of manufacturing, storage, repair, communication, transportation, police, waste disposal, administration, food production, temperature control. Yet, that is the case.

The cells of our body are more like the population of a planet. But, though they number in the millions, they normally work in coordination, each member of the complex society contributing to the welfare of the others.

Look more closely to this remarkable little bundle of life. It has three principle parts. Each part produces cells exact copies of themselves—lung cells make lung cells, kidney cells make kidney cells. Enclosing the entire cell is the gossamer membrane, which acts as a molecular seive. Through it, nourishment passes

into the cell TO BE DISTRIBUTED BY A MINUTE SYSTEM OF CANALS; AND THROUGH THE SAME MEMBRANE, WASTES ARE PASSED OUT FOR DISPOSAL. (See further studies of our SEROUS CIRCULATION as well as THE WET AND DRY MAN.)

Even the powerful peering eye of the loo-oo time magnification of the electron microscope cannot SEE INSIDE THE UNBELIEVABLE MINUTE CHRONOSOMES. Indirect evidence indicates that, small as they are, they are still large enough to contain 30,000 genes—the seeds of inheritance.

Since the father and mother contribute an equal number of genes for a new life, the number of possible combinations is staggering. Genes are passed directly from parents to children, and have been so passed on since man first appeared on earth. Thus in every cell in our bodies we have bits of matter that are descended from Dawn Man.

There are four general types of cells; nerve cells which form THE BODIES COMMUNICATION SYSTEM; EPITHELIA CELLS WHICH LINE AND COVER—they line the digestive tract and make skin which covers the body; connective tissue cells which bind the body together, and muscle CELLS WHICH MOVE THE BODY'S MEMBERS.

Nerve cells cannot reproduce themselves; we have our full compliment at birth and once one is destroyed it is destroyed for good.

The speed with which all reproduction occurs varies from place to place in the body according to local need. It is estimated that half of all the body's protein—mainly MUSCLE tissue—is replaced in 80 days. The life span of the skin cell is four to five days. New skin is steadily forming and expanding from underneath and pushing to the surface where it dies and is washed away.

In general, cells have two main lines of responsibility; their housekeeping activities and their community responsibilities. The first includes such functions as eating and waste disposal. The second includes responsibilities of each cell to all others. Tiny cells in the pancrea, produce minute squirts of insulin which controls sugar use by all other cells; fat cells store droplets of

oil to be used as fuel to warm the rest of the body; stomach cells manufacture enzymes which add in protein digestion.

Some cells demonstrate an uncanny ability to protect the body from harm. The white blood cells normally float idly in the blood stream. Yet, if a finger is cut and bacteria invade they would swarm to the hurt spot and consume the bacteria. If the infection is great, they reproduce in enormous numbers to meet the challenge.

Medical researchers, seeking answers to concrete problems have bumped into a number of questions which have so far proved baffling. For example, since cells generally show a remarkable specificity—lung cells and so on—why doesn't the original fertilized ovum simply duplicate itself, instead of going through an amazingly intricate series of divisions and differentiations to produce a mouse, a whale or a man?

Chapter XVI

WHY? — YOU FILL IN THE ANSWERS

1. WHY do *more* when more delivers less?
2. WHY waste time with unknown quantities?
3. WHY fool and deceive sick people by fooling yourself?
4. WHY try to impress others, when YOU are in doubt?
5. WHY experiment with failures centuries old?
6. WHY think YOU can get better results with when failures which have failed for many years?
7. WHY try to put new life in old theories proven wrong?
8. WHY repeat failures of *outside-in*, *below-upward*, which have always failed?
9. WHY try to substitute life from *outside*, when it is *inside*?
10. WHY artificially force *in* stimulation or inhibition with temporary modifications?
11. WHY preferably let the natural and normal flow outward *from inside*?
12. WHY think medical education plastered *in outside* is greater than Innate flowing from inside?
13. WHY fiddle-fuddle with unknown theories when there IS a certain known quantity factor which works?
14. WHY multiply variables when there IS a *one law* constant?
15. WHY let patient-pressure pervert what YOU do?
16. WHY prescribe one outside pill laxative when there is a barrel of natural flowing internal laxative?
17. WHY follow medical precedent when the chiropractic road is better?
18. WHY use candles when you have electricity?
19. WHY does much medical education blot out too little chiropractic understanding?
20. WHY jog along with old Dobbin, when an automobile is more practical, better, faster?
21. WHY be modern on everything else and an antique with failing medical theories?

22. WHY complex, complicate and multiply *the simple and single* chiropractic principle?
23. WHY, if the objective is to get sick people well, give unknown subjectives which prevent such?
24. WHY when chiropractic corrects CAUSE, prescribe drugs which only treat EFFECTS OF CAUSE?
25. WHY soak globe when adjusting button restores electrical light?
26. WHY tickle nozzle when opening faucet flows water?
27. WHY irritate a *reduced* flow through nerves, when an adjustment RESTORES full free flow?
28. WHY, if you KNOW MORE chiropractic, do you need more theories of medicine?
29. WHY waste valuable office time on procedures which get less than nothing in results?
30. WHY concentrate thoughts on medically *treating effects* when chiropractically *adjusting* cause gets the sick well?
31. WHY is it seemingly more important to spend a life time *thinking wrongs* when *thinking minutes* would think right?
32. WHY does a chiropractor steal medicines thinking such more trustworthy and dishonorable than being a trustworthy and honorable chiropractor?
33. WHY does a *little* better right accomplish far more than *a whole lot* of much wrong?
34. WHY do you think, talk and advertise the chiropractic PRINCIPLE and PRACTICE many things in medicine?
35. WHY do you think it consistent to cross-breed two antipodal species producing by-brids that can't reproduce or repeat patient health and life income?
36. WHY do you live a bay-by-day office conflict within yourself, dissatisfied, discontented when you could go to sleep with an honest conscience of being truthful with yourself?
37. WHY does a medical penny glued to your eyes appear more worth while to you and your patient than a chiropractic dollar in your pocket?
38. WHY let wild weeds grow in your garden which reduces the yield of your office crop?

39. WHY leave the office, at night, enroute home, with doubts, misgivings, with hopes and wishes unfulfilled?
40. WHY does one kind of office procedure *minimize* results and *maximize* bankruptcy when a different procedure would reverse it all?

Chapter XVII

WHY THIS CATECHISM?

WHY OUR STRUGGLES, strivings, this gnawing at bits for all these 60 years? To bring about ONE common denominator, ONE common objective, in ALL people of OUR profession, to bring about ONE GREAT ULTIMATE LAW—to relieve suffering and get sick people well.

That, CHIROPRACTIC has proven it can and does do.

The PURSUIT OF HEALTH, WHICH MEANS PURSUIT OF HAPPINESS, is a phrase that is at once challenging and misleading.

Medical scientists, religious leaders and philosophers have labored long in search of ways to identify some means to accomplish that end. Until quite recently seekers even in same fields could not agree. They had no solid foundation ON WHICH THEY COULD. Within the recent past, until very recently, scientists regarded themselves as THE ONLY qualified seekers after health. They WERE MATERIALISTS whose findings were without reality, ALL BASED ON THEORIES. There was NO LAW known, understood or practiced. ALL HAVE BEEN FORCED BY SOUND REASON onto COMMON ground of inquiry. Why was none such reached? The basis of health lies necessarily in deeper *inner* study OF MAN himself. In so doing they found MAN is an integral bit of the whole of created objects, that they had to tackle a more profound problem, viz: THAT OF THE ESSENTIAL NATURE OF MATTER. In simple language WHAT HOLDS EVERYTHING TOGETHER AND IN ORDER which makes matter tick?

Broadly speaking, Einstein, along with many others, pursued the investigation OF MATTER to the point of the infinitesimal—where IT ends and “something else” BEGINS. He alone followed the examination of “natural” LAWS of space and time to where they fell INTO HARMONIOUS relations WITHIN UNI-

VERSAL LAW. Since any existing, operating LAW, with "nature" as with man, indicates some sort OF INTELLIGENCE of the SAME general order as LAW ITSELF. All *honest* seekers for truth were FORCED to the consideration of a UNIVERSAL INTELLIGENCE.

Having explored exhaustive depths of matter and having taken them apart to smallest elements they can separate, only to prove the resulting knowledge so emphatically that world-wide fear is aroused, man is turning his attentions to inquiring concerning the INNATE NATURE OF MAN.

Countless generations, countless theorists, had observed much ABOUT themselves that was NOT physical, carrying on endless fruitless scientific experimentation to find out what physics consisted of. These research facilities were the best known for purposes proposed—human individuals in life, like our own, their main interest was in THAT WHICH MADE THE DIFFERENCE BETWEEN LIFE AND DEAD BODIES.

Alexis Carrel authored several books sounding the clarion to turn AWAY FROM the pursuit of MATERIAL things and TOWARD spiritual considerations. The weight of his well pondered evidence is tremendous, and since 1935, when "MAN THE UNKNOWN" came out, mental physics has worked mightly.

Students of *mental* science, mental physics, the Mayans and of Unity, all mentaphysical schools, number in millions and many other such schools thrive against orthodox opposition, but that opposition has reserved its MOST ACTIVE ANIMOSITY for war upon Chiropractic, because this IS a *health* profession as well. It is a large and successful business competitor of regular medicine. The opposition is much deeper than economic rivalry.

The significant fact is that the FIRST principles of chiropractic IS UNIVERSAL INTELLIGENCE, the resident *life* principle which is credited with all the sick getting well accomplished.

We know the Innate principle was intelligent beyond measure, directing even in babes and idiots great complexities of chemical and mechanical changes such over-all harmony that great scientists marvel at its organizing power. That feature of the in-

ner-superior mind demonstrates intelligence we need know more about.

Dr. Carrel goes on to say:

“The mind is hidden within the living matter, completely neglected by physiologists and economists, almost unnoticed by physicians. And yet it is the most colossal power of the world.”

Why is this a truism? Because it is the nature of the education experience of men we need for evolution. More often THE OBSTRUCTION is the preoccupation of man with the alluring, pleasure sensory experience of the physical world. We love the *illusions* of the *near*, and suffer from *visions* of the *far*.

1. Is there a SUPERIOR abstract regulatory factor that keeps planets and constellations in orbit?
A. YES.
2. Is there AN INFINITE BUILDING SOMETHING which governs all growing, living species and families on earth?
A. YES.
3. Does this prevailing mysterious influencing issue DIVIDE ALL LIVING THINGS into classified groups and keep to its own, never cross-breeding one species with another?
A. YES.
4. Is there a dominating influence IN EACH AND EVERY LIVING GROWING OBJECT—be it fish, fowl, reptile, quadruped or biped—over which man has no dominion, which not only *governs production* but establishes a method and *process or re-production* that time has not changed?
A. YES.
5. Does each form RETAIN UNTO ITSELF that difference in elements which makes it what it is—the fish to swim and stay in water; the bird to fly and stay in space; the reptile to crawl on its belly; and man to walk upright?
A. YES.
6. Does this boundless creative factor generate CONSISTENT AND CONSTANT PATTERNS for a constant product?
A. YES.
7. Does this incomprehensible factor BALANCE SEASONS,

wet and dry periods, keep vegetation balanced with animal life, throughout the world, so all things can fructify and multiply?

A. YES.

8. Does history CONSISTENTLY REPEAT ITSELF, each to its own, throughout centuries, man amongst them?

A. YES.

9. Do all living, growing, thriving, multiplying issues manifest WHAT MAN CALLS a guiding intellectuality, intelligence, understanding, knowledge?

A. YES.

10. Has man, as he observed the work and works of this guiding destiny of all things, BEEN ABLE TO IMPROVE THE PATTERNS of time, space, and products?

A. NO.

11. As far back as man has observed, is there any material change in forms or functions of created objects?

A. NO.

12. Is man A PART OF this great scheme, both male and female, that perpetuates its kind and does not invade any other field?

A. YES.

13. Can man, with HIS mental observations and understandings, while within his short period of a few years existence from birth to death, EQUAL this creative force that created and formed him or her?

A. NO.

14. Does man or woman concede, admit there IS a something ABOVE AND BEYOND HIS OR HER COMPREHENSION which does ALL THINGS, in ALL times, which he or she cannot understand, direct, govern, or change?

A. YES.

15. Does this divine divinity—be it what we think or be it different than we observe—POSSESS POWERS AND ABILITIES transcending any understanding of EDUCATED man?

A. YES.

16. Does this boundless creative factor generate consistent and constant patterns FROM WHICH COMES A CONSTANT PRODUCT called man and woman?
A. YES.
17. Is there a "something" immaterial—call it by what name one pleases—which directs, governs, controls THIS REPITI-TION OF FORMS, century after century?
A. YES.
18. Do all religions, regardless of whether savage or wise, color, creed, sect, denomination, or geography, look UP TO and admit this influence is BEYOND HIS REACH, understand-ing?
A. YES.
19. Does man CREATE unrealistic religions, yet admit THEY contain and retain all THEIR distinctivduality beyond hu-man reach?
A. YES.
20. Does he educationally formulate ALL MATERIAL ELE-MENTS of a religion, hoping by doing so he can rise above them and reach into infinity to better understand infinity?
A. YES.
21. Does he concede that this same universal governing factor MAKES HIM IN COMMON with all other living growing products?
A. YES.
22. Can he be broad enough to grasp THE PRINCIPLE which develops ONE is *the same* principle which develops ALL?
A. DOUBTFUL.
23. Does he educationally create a religion which he looks UP TO as being superior to his education?
A. SOMETIMES.
24. Does he admit this same universality of all things is THE SAME GOVERNING FACTOR within himself and herself which builds babies in 280 days?
A. HE MUST.
25. Does man admit there IS an abstract force WITHIN HIM,

which created him, produces existence in living matter, which he calls spirit, soul, ego personality, instinct, intuition, consciousness?

A. YES.

26. Does he look **INSIDE** himself, observe mankind through history, and call this *guiding force* which created him an **INTELLIGENT** force, call it what you may?

A. SOMETIMES.

27. Does he look **OUTSIDE** himself, **BEYOND** himself, and call this guiding force a divinity, a "God" if you please?

A. YES.

28. Can he admit that **THE SAME** Universal law **WHICH BUILDS HIM** also builds all so-called 'lower' forms of living objects.

A. HARDLY.

29. Can he **INTERPRET THEIR EXISTENCE** in other terms than that there is a Universal law which governs **ALL** universal created objects?

A. NO.

30. Does man admit, with the sum total of all he thinks, **HE COULD IMPROVE UPON** the construction of his kind?

A. YES AND NO.

31. When man sees the work and works of the Great Unknown within himself, **DOES HE INTERPRET HOW IT WORKS?**

A. That depends upon whether he is a minister, preaching about "God," or an M.D. trying to physically improve man by what he prescribes.

32. When man sees the unknown at work **WITHIN** himself, **HOW DOES HE INTERPRET HOW** this law works **INSIDE** him?

A. FROM ABOVE-DOWN, INSIDE-OUT.

33. What does man **CALL** this **SUPERIOR** intelligence, if it be such, **WITHIN HIMSELF**, that he cannot modify, amend, change, or dispute its existence?

A. **THAT DEPENDS** upon whether he be a minister of the gospel or an exponent of the science of medicine.

34. Can or has educated man **INFRINGED UPON THE PER-**

ROGATIVE of this SUPERIOR internal intellectuality?

A. HE CANNOT, BUT HE HAS *TRIED* TO DO SO.

35. Are there, within LIVING human beings, two pre-dominating factors—THE CREATOR and CREATED?

A. YES.

36. Can the lesser of these two—the created—REPLACE the CREATOR?

A. NO.

37. Has the product EVER BEEN ABLE to replace the producer in any issue?

A. NO.

38. Has man been blessed with a SUPERIOR intellect beyond his educational reach?

A. YES.

40. Has man, in his field of observation, TRIED TO INVADÉ the field of his greater abstract SUPERIOR intelligence, thinking he is capable of reversing the law of ABOVE-DOWN, INSIDE-OUT?

A. YES.

41. BY WHAT NAME does he call his thinking of reversing this rule of direction?

A. MEDICAL SCIENCE.

42. In what way does man think he is capable of doing this?

A. By thinking HE KNOWS MORE, has BETTER ideas of HOW to change man to meet his INFERIOR concepts of how to change man's body when it is sick.

43. How does he approach the sick, WITH THAT IDEA in mind?

A. By *external* chemical and other treatment processes, FROM OUTSIDE-IN, BELOW-UPWARD, introducing *physical* elements which he thinks SUBSTITUTE for the internal SUPERIOR force which flows from ABOVE-DOWNWARD, INSIDE-OUT.

44. Has man, throughout his thousands of years of this inverse and reverse approach, EVER CHANGED the composition, formation, reproduction of the human race?

A. NO.

45. Why has he NOT BEEN ABLE to change THE LAW?
A. Because the maker, producer, the Infinite, IS SUPERIOR in capabilities and has proven such in millions throughout history.
46. Will man, with his INFERIOR intellect—assuming it is such—with his EXTERIOR *physical* methods, ever be able TO CHANGE the natural, normal, SUPERIOR, INTERNAL methods of directing, governing, and controlling living processes of man from ABOVE-DOWN, INSIDE-OUT?
A. NO.
47. Why?
A. Because PRODUCER is greater than product.
48. Why does man's INFERIOR education think it is greater than his SUPER-CONSCIOUS intellect?
A. Because he lives medically entirely IN AND WITH THE INFERIOR WORLD almost exclusively.
49. Why does he admit there is a SUPERIOR intellect RELIGIOUSLY, and then deny it PHYSICALLY and THERAPEUTICALLY as a physician, when people are sick?
A. *Antiquity* has inculcated its LONG and FAR-REACHING TENTACLES into him, and he hasn't courage to throw them overboard.
50. Will man EVER change?
A. Yes, when he understands there is a Chiropractic BETTER way, MORE successful way, MORE simple, MORE practical, and LESS COSTLY ways, in working in tune with THE INTERNAL INFINITE LAW, to get sick people well.
51. What is THE BASIC DIFFERENCE between a LIVE man and a DEAD man?
A. The LIVE MAN MOVES; the DEAD MAN cannot.
52. What MOVES MAN about, from place to place?
A. MUSCLES.
53. When MUSCLES CAN'T move, what is wrong.
A. They are paralyzed.
54. What do we MEAN by "paralyzed?"
A. They SHOULD move, but CAN'T.

55. What is IN a MUSCLE which MAKES IT MOVE, that IS NOT IN a MUSCLE that can't move?
A. Power, energy, force.
56. What is THIS ENERGY called, in man, when alive?
A. Mental impulse or nerve force.
57. Where does this mental impulse or nerve force COME FROM?
A. THE BRAIN.
58. How does this energy get TO MUSCLES FROM brain?
A. Through nerves.
59. If this mental impulse or nerve force flows through MUSCLES, DO THEY MOVE?
A. YES.
60. If this mental impulse or nerve force CANNOT GET TO MUSCLES, do they move?
A. NO.
61. IF mental impulse cannot GET TO AND FLOW THROUGH MUSCLES, what happens?
A. They are inactive, dormant, passive, paralyzed.
62. Is that what happens when terms "monoplegia," "hemiplegia," "parplegia" are applied?
A. YES. MUSCLES ARE paralyzed.
63. Is THE HEART composed of MUSCLES?
A. YES.
64. If mental impulse or nerve force DOES NOT GET TO and FLOW THROUGH heart MUSCLES, what happens?
A. Heart IS paralyzed; "heart failure."
65. Is that WHAT occurs when man dies of "heart FAILURE?"
A. YES. Heart MUSCLES FAIL to have motion.
66. Are MUSCLES distributed through and BECOME A PART OF EVERY ORGAN in the body?
A. YES.
67. Do MUSCLES surround ALL TUBES in the body?
A. YES.
68. How are MUSCLES arranged around tubes?
A. Longitudinal, circular, and spiral.

69. Do MUSCLES surrounding bowels help B.M.'s?
A. YES.
70. If MUSCLES surrounding bowels CANNOT MOVE, what happens?
A. They are paralyzed.
71. What do WE CALL paralysis of MUSCLES of bowels?
A. "Constipation."
72. Do MUSCLES activate lips, through throat, to produce swallowing?
A. YES.
73. Do MUSCLES activate and induce stomach to churn foods?
A. YES.
74. What do we call MUSCULAR movement in stomach?
A. DIGESTION.
75. Suppose MUSCLES in stomach DO NOT produce motion, what do we call it?
A. "INDIGESTION."
76. Do ALL GLANDS depend upon motions IN MUSCLES to secrete and excrete fluids in transition?
A. YES.
77. Are these secretions and excretions a by-product issued BECAUSE OF motion IN MUSCLES?
A. YES.
78. If ALL MUSCLES were removed from body, what would be left?
A. SKIN AND BONES.
79. Do MUSCLES EXIST IN PAIRS for coordinated motion?
A. YES.
80. Are ALL MUSCLES EVERYWHERE in pairs?
A. YES.
81. WHY are ALL MUSCLES in pairs?
A. So that as ONE of the pair CONTRACTS, it is shortened in length, exerting a PULLING motion.
82. What DOES ITS CORRESPONDING MATE DO when one contracts and pulls?
A. It RELAXES, lengthens, with NO motion, and allows its opposite PULLING motion.

83. What does its mate WHICH WAS RELAXED do?
A. It, IN TURN, contracts, shortens and pulls.
84. Does ONE of a pair contract while its mate of that pair relaxes?
A. YES.
85. Do MUSCULAR motions have a more or less continuous RHYTHMIC ACTION wherever they contract and relax?
A. YES.
86. Do certain SETS OF MUSCLES have motion IN UNISON with other sets, to produce a coordinated uniform performance, to accomplish an objective?
A. YES.
87. Do MUSCLES NEED mental impulse or nerve force to induce them into motion?
A. YES.
88. Can MUSCLES move WITHOUT mental impulse or nerve force?
A. NO.
89. Is there a rhythmic FLOW of MENTAL IMPULSE or nerve force to produce a rhythmic flow of MUSCULAR motion?
A. YES.
90. Is it NECESSARY in ALL organs, in ALL parts, to keep ALL MUSCLES moving to produce ALL different kinds of organic motions?
A. YES.
91. If ANY ONE ORGAN became paralyzed, for want of MUSCULAR motion, could it produce its by-product for which in THAT organ was intended to produce?
A. NO.
92. If lung MUSCLES DID NOT receive energy to keep MUSCLES in motion, could we or would we be able to inhale or exhale?
A. NO.
93. If lung MUSCLES did not move, would we LIVE?
A. NO.
94. If lung MUSCLES did not move, would we DIE?
A. YES.

95. If we died because of NO lung action, why?
A. Lack of motion IN MUSCLES OF LUNGS.
96. Can man's massive MEDICAL education, stored in educated mind, suggest, direct, tell, advise his heart HOW TO BEAT; when it's too fast, to slow down; when its too slow, HOW to beat faster; tell his lungs HOW AND WHEN to breathe; awake and asleep, his stomach HOW to DIGEST different foods; his liver HOW MUCH bile to produce?
A. NO.
97. How much energy does brain-thinking take?
A. One of the surprising facts is that you apparently use little more energy when you think than when you don't. So fine is the normal balance within the normal range of normal thinking that one offsets the other. Your mind in your brain, unlike any mechanical device, uses much of its energy keeping its nerve circuits alive EFferently and sensitive AFferently.
98. Do you talk mentally to yourself when you think?
A. The measure of human understanding can be based on how broadly we educationally tend to put into thinking words, conversing within ourselves. You may not talk out loud—although some people do—but thought flashes are often translated into verbal educated thoughts.
99. One D.C. asks: "I have heard a student could tape-record lessons, play them back when asleep, and in this way learn; and later, when awake, they would return to his 'conscious' mind when he needed them. How do you explain this process, if true?"
A. We have said, many times, many ways, that sleep is a complete black-out of education. Innate, in reverse, is active in all parts in all ways, 24 hours a day. The proof is ALL internal functions, FROM ABOVE-DOWN, flowing from INSIDE TO OUTSIDE, continue without stopping. We continue breathing, heart beats, digestion goes on, etc. Innate also continues to receive AFferent impressions from all its *internal* body as well as through its senses, from outside-inward, even though educated, per

se, is asleep. Innate IS awake, more particularly with smelling and hearing ALL the time. Innate receives, records, and stores in memory, for present and future needs, EVERY sense impression it receives. This is true in listening to taped lessons. When needed, Innate can and might thought-flash back. It alone knows when educated needs them. (To get a fuller explanation of this working relationship, suggest you get our booklet HOW DOES INNATE CONTACT EDUCATION, issued September '58.)

100. If he CAN'T DO THIS WITHIN HIMSELF, living intimately WITHIN HIMSELF all the time as he is, HOW CAN HE PRESCRIBE efficiently and accurately HOW functions SHOULD ACT in another person FROM OUTSIDE of that other person?
A. He can't.
101. Does the medical physician lead the public to believe he has that ability?
A. YES.
102. Does his MEDICAL EDUCATION perform these functions for him WHEN HE'S ASLEEP, regulating HIS heart beating, lungs breathing, digestion taking place, liver producing bile, etc., throughout all HIS body?
A. If not, why not?
103. If HE can't control or regulate these MUSCULAR functions WHEN ASLEEP, can HE control or regulate them WHEN AWAKE?
A. NO.
104. Do sick people THINK the physician HAS THAT ability?
A. YES.
105. Does his MEDICAL EDUCATION perform these functions WHEN HE'S ASLEEP?
A. NO.
106. Where does ALL MENTAL IMPULSE or nerve force come from?
A. The brain.

107. Where does ALL mental impulse or nerve force that comes FROM brain GO?
A. ALL MUSCLES in body.
108. How does IT GET FROM or GO THROUGH FROM brain TO body?
A. Through nervous system.
109. Is there more than ONE KIND of a nervous system?
A. Medical men would have us think so.
110. Are nerves NERVES, and do ALL of them perform alike?
A. YES.
111. Are there TWO HALVES of the nervous system; if so, what?
A. EFferent FROM brain TO body; AFferent FROM body TO brain.
112. Would it make any difference IF THERE WERE NO FLOW FROM brain TO body?
A. YES.
113. What would THAT DIFFERENCE mean?
A. There would be no MUSCULAR motion at periphery of EFferent nerves.
114. Would it make any difference IF THERE WERE NO FLOW FROM body TO BRAIN?
A. YES.
115. What would THAT difference means?
A. Mind IN brain would have no way OF KNOWING WHAT was wrong, WHERE things were wrong, HOW MUCH was wrong, or WHAT NEEDED being corrected.
116. What IS a mental impulse or nerve force?
A. It is an unknown form of force THAT FLOWS WITHIN a live body from ABOVE-DOWN, INSIDE-OUT, which causes MUSCLES to move, to produce ALL products in ALL organs.
117. Is the sum total of ALL normal and rhythmic alterations, contracting and relaxing muscles, in a living body, providing ALL necessary products—what is commonly called “life?”
A. YES.
118. IF ANY ONE organ becomes paralyzed, DOESN'T HAVE

MUSCULAR MOTION, could it continue to be actively alive?

A. NO.

119. Has any person ever SEEN, TASTED, HEARD, SMELLED nerve force?

A. NO.

120. Is it necessary that a live man SHOULD SENSE this mental flow, to live?

A. NO.

121. Is it necessary a LIVE man HAVE SUCH, to live?

A. YES.

122. Is mental impulse or nerve force, such as IS found in a LIVE human being, something which CAN BE MANUFACTURED in a factory, turned out by gross in pills, in a liquid to be rubbed in or on the skin, bought at a drug store and taken home in a bottle, or injected by hypodermic needles?

A. NO.

123. Is natural, normal, LIVING LAW OF LIFE something ANY person, even a medical physician, CAN SWITCH FROM one idea or theory, from day to day?

A. NO.

124. Does natural, normal, living LAW CHANGE INTERNALLY to adopt and adapt itself TO meet caprices of medical men EXTERNALLY, as THEY change from day to day, month to month?

A. NO.

125. Could a liver produce bile if MUSCLES in and surrounding it DIDN'T MOVE?

A. NO.

126. WHY DOESN'T a liver IN A DEAD MAN produce bile, if it's a question of *physical chemical* actions and re-actions?

A. Because it has *no* mental impulse or nerve force to produce MUSCULAR motions, which are dormant, inactive, not flowing into or THROUGH it to move it.

127. Does it make ANY difference in functional values whether there IS A LOW OR HIGH QUANTITY or speed of flow of mental impulse or nerve force?

A. YES.

128. Does it make much difference in functional values if there IS A NORMAL OR ABNORMAL QUANTITY flow?
A. YES.
129. Does it make ANY difference in functional values whether ALTERNATE contractions and relaxations are IN APPOSITION OR OPPOSITION to each other?
A. YES.
130. What IS that difference?
A. In one instance, where BOTH SIDES of a pair of MUSCLES are PERMANENTLY relaxed, there exists a PROPLAPSED MUSCLE pair.
131. What WOULD THIS DO to the organ they were designated to work with?
A. In one instance there would be spastic spasm; a cramp in prolapsed organ.
132. Would this explanation apply to or with ANY spasm or ANY prolapse of ANY organ in the body, regardless of location?
A. YES.
133. Is QUANTITY of nerve force flow essential to produce a QUANTITY of motion?
A. YES.
134. Is QUANTITY of motion equivalent to QUALITY of motion of the product such produces?
A. YES.
135. What is meant by QUANTITY pre-determining QUALITY?
A. In the event of secretions, they could be in excess or minus, of alkalies or acids, and thus unbalance any chemistry of parts or entire systems.
136. What is meant by QUALITY in such an instance?
A. It might depend upon mental interpretation placed on an Afferent impression coming FROM tissue cell TO brain as to QUALITY of feeling.
137. If QUANTITY of mental impulse or nerve force flow IS REDUCED below PAR NORMAL life quantity of motion to an abnormally REDUCED par quantity OR NO par quantity of motion, what would be the result?
A. Organic functions would SLOW DOWN in exact ratio AS POWER is reduced.

138. Would that make ANY difference in health QUALITIES in any, many, or all organs in the living body?
A. YES.
139. If ALL mental impulses or nerve force WAS DIMINISHED to zero, what would be the result?
A. Complete MUSCULAR paralysis of ALL motion, which IS death.
140. In the study of symptomotologies and pathologies, there SEEM to be MINUS functions, also EXCESS functions. How can these be explained IF all quantity is pre-determined by always MINUS quantity?
A. Dis-ease is always a BELOW PAR manifestation; never an ABOVE par.
141. How can fevers, dropsy, tumor, diarrhoea and such "EXCESS functions" appear to exist if QUANTITY is ALWAYS BELOW par?
A. Fevers are *adaptative* processes to burn poisons accumulated. Eruptive fevers are skin elimination to rid body of poisons. Dropsy is an accumulation of fluids because of a MUSCULAR paralysis of kidneys which could not eliminate fluids dammed back into the system, which go to the skin and there accumulate or erupt.
142. IF ALL dis-ease is a BELOW PAR quantity flow, how ex-tumors which seemingly are EXCESS function.
A. The body is constantly shedding tissue cells in all parts. IF we shed ONE tissue cell in ONE minute of time, and ONE NEW cell comes to replace it in ONE minute of time and it takes THREE minutes to replace ONE tissue cell, this is ANEMIA. If we shed ONE tissue cell in ONE minute of time and THREE tissue cells replace that ONE tissue cell in ONE minute of time, then this is TWO-MORE tissue cells than normal, and we soon have an accumulation of an EXCESS of HEALTHY cells—a TU-mor.
143. Is natural LAW a fluctuating, EVER-changing, NEVER permanent condition within itself, or, in matter it moves upon?
A. NO.

144. Is natural LAW of reproduction, standardized, the same down through the ages, in ALL species and families of species, including man?

A. YES.

145. If THE LAW of the human race IS STABILIZED, why is EVERYTHING medical, as applied to EVERYTHING in living man, fluctuating, always in flux?

A. It is the DIFFERENCE between whether they refuse to recognize THE INTERNAL LAW that flows from ABOVE-DOWN, INSIDE-OUT, or whether they persist in thinking their EXTERNAL EDUCATIONS that work from OUTSIDE-IN, BELOW-UPWARD are more important.

146. Is diagnosing diseases, by physicians, A LAW OF CERTAINTY unto itself?

A. NO.

147. How does an occlusion of a foramen, with pressure upon nerves, with interference to a free flow of mental impulse supply, produce "IRRITATION" which some Chiropractors mention? Does a pressure or "short" on an electrical wire "irritate" THE WIRE OR CURRENT that flows through it?

A. No—and neither do sequences of a vertebral subluxation "irritate" nerve or abstract force that flows THROUGH it.

148. If these sequences do NOT "irritate" the substance or its shadow, what DO they DO?

A. They reduce normal par quantity mental impulse flow to less THAN normal par quantity.

149. If similar ELECTRICAL sequences do NOT "irritate" copper wire through which electricity flows, what do they do?

A. They reduce the normal *quantity* flow to LESS THAN *normal* quantity flow, noticeable at distal ends of wires, reducing rpm's of motor or delivering less light in a globe.

150. By this do you mean the word "irritate" is wrongly used by

chiropractors, and is inaptly applied in relation to human beings, sick or well?

A. EXACTLY!

151. How does term “stimulation” work into and with our Chiropractic philosophy?

A. At 6:00 p.m., a man is normal. At 8:00 he goes to a party; he begins drinking whiskey. By midnight, he is a “stimulated” millionaire. At 6:00 the next morning after the night before, he is an “inhibited” pauper.

152. What occurred, and how?

A. For every action, there is re-action. There is just so much abstract force needed every 24 hours. Whiskey and other liquors are highly essenced, condensed forms of POTENTIAL energies much like that squeezed into gunpowder, TNT, A and H bombs, etc. When put into a living body, Innate opposes because it cannot absorb or use them for bodily good. In retaliation, Innate temporarily ROBS Peter to PAY Paul. It pulls heavily on a “stimulated” whipped up potential power between midnight and 6:00 a.m., to overcome its deleterious injuries to tissue functions. The “stimulated” boost WAS THERE between 8:00 p.m. and midnight; the “inhibited” drop WAS THERE from 6:00 a.m. on. It takes hours, *from* 6:00 a.m. *on*, *before* par level will be RE-established. Before, during, after, time factors are what determines either FROM par, ABOVE par, BELOW par, BACK TO par.

153. Why do some highly touted “chiropractic” writers use the word “syndrome” attempting to tell what occurs and how, from health to sickness and back?

A. “Syndrome” is a much MISUNDERstood and abused thousand-dollar MEDICAL term, used to cover a multitude of IGNORANT explanations that DON’T explain anything. It is excess baggage to common sense. If used by a medi-practor, it is a blanket to bind the sick from understanding what Chiropractic is and what a Chiro-

practOR does; to mystify sick people into thinking Chiropractor is approaching them on their MEDICAL blind side; to impress THEM HE is a respectable and educated user of highfaluting semantic languages, which BURY SIMPLE TRUTHS about something he knows no more about than do medical men when they splatter "syndromes" all over white paper with black ink. It is a complex word used by COMPLEX people to dumbfound and confound simple issues in people who seek to get well. It is one of those MYSTERIOUS words used by MYSTIFIED professional people who don't know truths or how to explain them so ordinary people can understand what he is endeavoring to explain. We were SO "ignorant" of the meaning of this MEDICAL term that we had to look to Stedman's MEDICAL dictionary to find what it DOES mean. It says:

"The aggregate OF SYMPTOMS associated with ANY MORBID process, and constituting TOGETHER the picture OF THE DISEASE."

- A. A Chiropractor, concerned with Chiropractic is interested in CAUSES and their correction. It shows how far SOME "chiropractors" (?) go haywire on side-tracts to TRY to be important in MEDICAL fields.
- 154. Is dis-ease an "irritated" functional disorder; or, is it a reduction of rhythmic speed of muscular activity, per a unit of time, in tissue structure?
 - A. To REDUCE quantity flow of energy is to REDUCE muscular frequency, per a given unit or units of time, of alternate contractions and relaxations, which REDUCES product or by-products of that action, which develops symptoms and/or pathologies.
- 155. Does a chiropractor do what he does, for the purpose of "irritating, stimulating, or inhibiting" nerves, mental impulse or nerve force flow, thinking by so doing he can and does RESTORE health?
 - A. No. He delivers an adjustment on a subluxated vertebra, to OPEN an occlusion, to RELEASE pressures upon

spinal cord or spinal nerves, to PERMIT a normal QUANTITY flow of mental impulse or nerve force flow between Innate at *epiphery* and function at *periphery*, BETWEEN brain and body, to RE-ESTABLISH normal and natural frequency of muscular contractions and relaxations, to RE-establish normal products, a condition, which IS health. This RESTORATION is not an *external* invasion of an unnatural, abnormal "irritation, stimulation or inhibition" of function.

156. Must all "irritation, stimulation or inhibition" come from OUTSIDE-IN, BELOW-UPWARD?

A. YES. Any net result of that which flows from ABOVE-DOWN, INSIDE-OUT, FROM Innate in brain TO function in tissue cells, would be THE REVERSE of being an "irritant, stimulant or inhibitor," the basic intent being *to restore* PAR rather than to *raise* the inhibition or *lower* the stimulation.

157. WHY is diagnosing AN UNCERTAIN process unreliable?

A. Because INTERNAL conditions ALWAYS ARE IN FLUX—no two cases alike.

158. Is there A FIXED LAW to govern prescribing EXTERNAL treatments TO diseases?

A. NO.

159. WHY is prescribing EXTERNAL drugs into an INTERNAL body UNCERTAIN?

A. Because no EXTERNAL man knows the exact par quantity of any abnormal INTERNAL reaction of ANY ONE drug in any ONE other body.

160. Why?

A. Because no ONE man, EXTERNAL to the body of another, knows WHAT THE PAR of ANY function IS in ANY organ, viscus, or gland in the INTERNAL body of another.

161. In the absence of any EXTERNAL fixed standard, is there AN INTERNAL SOURCE THAT DOES KNOW what PAR of any and all organs or functions IS that is INTERNAL in EVERY LIVING BODY?

A. YES.

162. What IS that source?

A. The Innate Intelligence ALWAYS present, ALWAYS cognizant, ALWAYS in touch with EVERY tissue cell, EVERY second of time, normal or abnormal.

163. Can any EXTERNAL drug, naturally and normally, whip up or slow down INTERNAL PAR of function?

A. Temporarily, it can rob PETER to pay PAUL; but in long intervals it steals on time, and patients suffer.

164. Can A CHIROPRACTOR, EXTERNALLY, KNOW what PAR of ANY function in ANY organ IS, in ANY case?

A. No—no more than can the medical physician.

165. How can what a Chiropractor DOES RESTORE PAR function INTERNALLY?

A. By adjusting vertebral subluxation, this permits OCCLUSION to become normal size. This RELEASES PRESSURES upon nerves. This permits normal PAR FLOW of mental impulse or nerve force, after which Innate Intelligence, INTERNAL to *that* body, supplies health action FROM brain TO body, FROM ABOVE-DOWN, INSIDE-OUT.

166. If ALL mental impulse or nerve force power, energy, or force IS manufactured IN ALL BRAIN, FOR ALL BODY; IF ALL THIS FORCE FLOW travels THROUGH nervous system FROM ALL brain TO ALL body; and IF ALL this force flow REACHED ALL the body, WOULD ALL PARTS have normal MUSCULAR motion, producing normal MUSCULAR motion, producing normal functional activity?

A. YES.

167. IF brain generates or produces ALL mental impulse or nerve force for ALL the body, and some PART or parts of the body are not receiving full normal quota of their proportionate quantity of force, WHY?

A. Because there IS a REDUCTION in QUANTITY FLOW somewhere BETWEEN brain above, where

manufactured, AND muscles in body below which DO NOT receive it.

168. Does EVERY brain cell have an extensional nerve fiber FROM IT TO every tissue cell IN body below?

A. YES.

169. Is there A CONTINUITY fiber BETWEEN brain cell and tissue cell?

A. YES.

170. IF there IS A CONTINUITY FLOW of mental impulse or nerve force, through A CONTINUITY brain-to-brain-fiber-TO-tissue-cell, will there be a normal CONTINUITY series of rhythmic MUSCULAR contractions and relaxations?

A. YES.

171. Do ALL brain cells, with ALL their extensional nerve fibers, form into one large spinal cord cable, connecting brain TO body?

A. YES.

172. Does spinal cord pass OUT THROUGH magnum foramen at base of skull and INTO a surrounded cylindrical boney ENCLOSED canal ALL way down through vertebral column?

A. YES.

173. Does this spinal cord *dessicate* and SEND OFF MERIC branches from MERIC spinal cord, through MERIC openings, BETWEEN ALL vertebrae comprising spinal canal, in their MERIC divisional distribution to all MERIC organs which they supply?

A. YES.

174. Are these bones of spinal column MOVABLE?

A. YES.

175. Do they have A NORMAL range of movement?

A. YES.

176. What pre-determines this normal range of movement?

A. They are *inter-articularly osseously locked*, WHICH LIMITS THEM to and within this normal range of movement.

177. What COULD happen which might get any one or more OUT OF normal range of osseous locked movement?
A. Fractures, dislocations, or pathologies.
178. Does this NORMAL range of movement of vertebrae WITHIN THEIR LOCKS provide ample protection to spinal cord or spinal nerves as they pass out FROM spinal cord BETWEEN vertebrae?
A. YES.
179. Do SOME vertebrae HAVE NO interarticular-osseous locks?
A. YES.
180. If so, which ones?
A. BETWEEN occiput and superior of atlas, BETWEEN inferior of atlas and superior of axis, with ONE exception: odontoid process of axis PROHIBITS atlas from a *complete all posterior direction*.
181. Are there inter-articular osseous locks which PROHIBIT atlas SIDE-SLIPPING off condyles of occiput?
A. NO.
182. Are there NO inter-articular-osseous locks which permit atlas to side-slip to RIGHT OR LEFT off condyles of occiput?
A. YES.
183. In the absence of ANY inter-articular-osseous locks BETWEEN occiput and superior of atlas, CAN atlas side-slip UP AND OFF condyles on one side and DOWN AND OFF condyles on opposite side?
A. YES.
184. Are there ANY inter-articular-osseous locks which prohibit atlas FROM ROTATING either side from a center medial line, in relation to occiput above AROUND odontoid of axis below?
A. NO.
185. IF atlas rotates ANTERIOR on RIGHT side, is LEFT side POSTERIOR?
A. YES.
186. IF atlas side-slips UP AND OFF on one side, does it rotate ANTERIOR and UPWARD on that side?
A. YES.

187. What is the position of atlas in relation to occiput on opposite side?
A. It is DOWN AND OFF; rotates POSTERIOR and DOWN-WARD.
188. IF such a vertebral twisted subluxation occurs, WHERE IS the occlusion?
A. It is BETWEEN inferior ring of circular magnum foramen and superior circular surface ring of atlas.
189. What does this do to changing size circumference, and diameter of passage of spinal cord THROUGH it?
A. It twists it in a cork-screw direction, diminishing its carrying capacity.
190. Are ALL other vertebrae BELOW AXIS inter-articulatery-osseous locked, which LIMITS their motions to and within their normal range of movement?
A. YES.
191. Is there a common, neutral, *public domain territory* which makes it possible for the public to buy such aspirin, bufferin, and any and many other kinds of drugs and treatments of various kinds: which makes it possible for a Chiropractor also to buy, sell, and give similar drugs and treatments to his patients, to anybody who is sick, without being considered a trespasser into other professions, such as medicine?
A. WHEN A CHIROPRACTOR PRESCRIBES, SELLS, ADVISES, OR GIVES ANY DRUGS OR EXTERNAL TREATMENT, CONSISTENTLY, TO PATIENTS IN HIS PRACTICE, TO ALLEVIATE OR CURE DISEASES OF HIS PATIENTS—UNLESS GIVEN THE LEGAL RIGHT TO DO SO BY A SEPARATE PRACTICE ACT—FOR A FEE DIRECTLY OR INDIRECTLY RECEIVED, HE IS PRACTICING MEDICINE WITHOUT A LICENSE. The dividing line is SHARPLY drawn. ANY and all things OUTSIDE the purview of the Chiropractic principle and practice; anything given, applied or prescribed from OUTSIDE-IN, BELOW-UPWARD, comes WITHIN the principle and practice of medicine, OUR principle is opposite, antipodal, the re-

verse, for everything within the Chiropractic philosophy, science, and art works from ABOVE-DOWN, INSIDE-OUT. Anything and everything within that scope IS Chiropractic.

The ultimate, distinctive, basic and fundamental difference *between* Chiropractic and *all other* methods is: medicine always has been, is now based on an EXTERNAL PHYSICAL cause and cure of every disease by means of PHYSICAL properties given externally and internally from OUTSIDE-IN, BELOW-UPWARD. Chiropractic always has been, is now, and always will be based on cause and cure of every dis-ease IS INTERNAL, WITHIN individual, and comes from ABOVE-DOWN, INSIDE-OUT.

192. Does this normal range of movement of vertebrae BETWEEN AND WITHIN their locks offer ample protection to nerves as they pass FROM spinal cord BETWEEN vertebrae?
 - A. YES—assuming there is no trauma or pathology of osseous structure.
193. What is meant by “trauma or pathology of osseous structures”?
 - A. The ONE AND ONLY PRIMARY vertebral subluxation CAUSE of one only dis-ease in living human bodies is BETWEEN occiput AND atlas; or between atlas and axis. THIS occlusion, pressure, interference at a specific SUPERIOR area could and does create, at times, in various INFERIOR vertebrae, caries, necrosis, tuberculosis, osteomalacia, hyperthrophy, exostoses, and ankyloses, which, because thereof produce kyphosis, lordosis, scoliosis, rotatory curvatures; which, because of such conditions, make possible A SECONDARY MISALIGNMENT BELOW (NOT a subluxation) which occludes a foramina, or foramen, producing SECONDARY or *adaptive* occulsions, pressures, and interferences; being an additive, secondary or adaptive ADDITIONAL INCREASE in the dis-ease at peripheries of those SAME

NERVES PRIMARY AS CAUSE at superior location.

194. If such does not exist, how do you know?

A. Our osteological laboratory is full of distorted and twisted spinal columns which prove such **CAN AND DOES EXIST**.

195. If such does exist, is it advisable **TO CORRECT** (not an adjustment) the **INFERIOR** misalignments, **IF, AS, AND WHEN IT IS LOGICALLY AND REALISTICALLY PROVEN** that the adjustment **ABOVE** does not reasonably check out the interference reading **BELOW**? Is it safe to make this lower correction **UPON ENTRANCE OF A NEW CASE**, merely because readings were found at such **INFERIOR AREAS**?

A. **NO**. The **ONLY** reliable and justifiable guide, based on evidence and proof of exhaustless research, is when full-length **PRE AND POST** neurocalograph readings are made, **AND THEN NOT LESS THAN TWO WEEKS LATER**, after the primary **SUPERIOR SUBLUXATION HAS BEEN ADJUSTED**.

(**IF** there be any confusion of understanding of the articular relationships between inferior of occiput, superior of atlas, inferior of atlas, and superior of axis, we suggest you get **OSSEOUS MATCHED SET** of occiput, atlas, and axis—**NOT** plastic model—and study these applied descriptions so vertebral subluxations and occlusions became clear.)

196. **HOW** is one **TO KNOW** when to or **WHEN NOT TO** correct a misalignment below axis?

A. The nuerocalometer ascertains **LOCATIONS** of interferences. The neurocalograph **GRAPHS** those readings. Upon accepting a case:

1. Make a **PRE-FULL-LENGTH** spinal graph record.
2. Adjust according to interpretation of spinographs in superior specific area.
3. Make a **POST FULL-LENGTH** spinal graph record.
4. Assume a case shows four graph readings:
 - a. atlas, 4 pts. right

- b. 2nd dorsal, 3 pts. left
 - c. 6th dorsal, 5 pts. right
 - d. 2nd lumbar, 5 pts. left
5. Adjustment is given at atlas. POST reading in one or more days shows a check-out at atlas, 2nd dorsal, 6th dorsal; but 2nd lumbar reading remains.
 6. Make daily *full-spine* graph readings EACH DAY in succession.
 7. Assuming ALL readings remain clear EXCEPT 2nd lumbar, rather than being hasty, take NOT LESS THAN 2 weeks to observe 2nd lumbar. It continues to remain a 3 pt. left.
 8. It may NOW be a local trauma or pathology, and justify a *local* correction.
 9. You NOW make a full-length POST check spinal reading AND 2nd lumbar reading checks out.
 10. You NOW have a confirmation of its necessity.

This case PROVES there WAS a primary cause interference at atlas for ALL FOUR places. It proves that atlas WAS PRIMARY cause interference for PATHOLOGY existing at 2nd lumbar. It also proves pathology at 2nd lumbar IS A SECONDARY ADDITIONAL interference, which atlas does NOT check out completely, therefore needs local INFERIOR *correction*. Here is what occurred: Atlas subluxation produced interference on nerve fibers enroute between brain and body, via spinal cord, at four places. Heat readings were graphed *at exists* of continuous fibers at FOUR places. One set of fibers, having interference at atlas and exist at 2nd lumbar, was PROducing an osseous pathology AT 2nd lumbar area. Shortly AFTER superior specific adjustment at atlas, a, b, c, readings checked out AND STAYED OUT, 2nd lumbar reading checked out A 2-pt. LEFT reading, WITHOUT making ANY correction AT 2nd lumbar. This proved 5 pt. readings AT 2nd LUMBAR was a superior interference. Subsequent readings AT 2nd lumbar showed A CONTINUATION of that

3-pt. reading, proving there WAS A LOCAL pathology AT 2nd lumbar which WAS occluding a local foramen, producing LOCAL pressure and interference at THAT point. Had there been NO pathology at 2nd lumbar, the entire 5 pt. reading would have checked out WITHOUT local misalignment needing correction. Had the 2nd lumbar misalignment not been corrected AT 2nd lumbar, it would have continued as a permanent PATHOLOGICAL interference UNTIL atlas adjustment had released ITS interference WHICH CAUSED pathological interference AT 2nd lumbar.

197. What are the natures of "local pathologies" to watch for in spinographs?
 - A. Caries, necrosis, tuberculosis of bone, osteomalacia, any all of which can soften osseous structure, distorting relationships between two or more vertebra, PRODUCING as a sequence a LOCAL interference reading. In trauma field, there can be fracture-dislocation, dislocation-fracture, both of which are different. There can be A FRACTURE, WITH dislocation following: or there can be A DISLOCATION, with fracture following. In either event, there would of necessity be a fracture AND/OR dislocation out of normal inter-articular osseous locks.
198. How long should we wait BEFORE correcting an inferior misalignment?
 - A. If, after two weeks as a *minmum* time, the lower reading DOES NOT check out, then AND THEN ONLY is one justified in making a TEMPORARY CORRECTION of the misalignment below.
199. In some cases, should A LONGER TIME elapse, to be certain.
 - A. YES. In most cases it is advisable to err, if judgment errs, on safe side and allow for MORE than two weeks' time. Tendency too often is to think you should rush the case, cutting down and shortening time, thinking by so doing you are hastening the recovery. Usually, the opposite is true.

200. Does this violate the rule of THE SPECIFIC SUPERIOR atlas or axis SPECIFIC, LONG ESTABLISHED?
- A. It does not. It merely once again, and more reliably, proves there is far less necessity for doing useless and idle tinkering with spines below, by the man who cannot, does not, and will not take PRECAUTIONARY MEASURES, proving and graphing measures to KNOW what to do, WHERE to do it, and WHEN, BEFORE peeking away all up and down the spine of too many cases too frequently.
201. Have we discarded the "Hole in ONE" principle and practice?
- A. NO. We have changed the title to UPPER SPECIFIC by preference.
202. Why did we change the name?
- A. Because it was more descriptive.
203. IS our work NOW confined exclusively to UPPER specific?
- A. Other questions and answers cover this subject.
204. If all said so far is true as to where, when, and how, *and why* to adjust certain places definite ways, based on facts stated, why then is MORE than that superfluous, at OTHER places, times, methods, and reasons: and more done under adverse conditions dangerous? Why should that be true?
- A. If all previous questions and answers given are true, as to where, when, how, and why to adjust CERTAIN places, CERTAIN times, and WHEN to stop; when NOT to "adjust" for reasons stated, then MORE than that AT TOO MANY PLACES, MANY DIFFERENT WAYS, at TOO FREQUENT intervals, would be dangerous to the welfare of the case.
205. Would such extra "superfluous" actually be "overadjusting"; and, if so, is such "over-adjusting" deleterious to the welfare of the case? If so, why?
- A. 1. "Over-adjusting" means *too frequently* given on *right* place.
2. "Over-adjusting" means *too frequently* given in *wrong* direction on right place.

3. "Over-adjusting" means *wrong* places where *no* subluxation existed.
 4. "Over-adjusting" means at *right* places, at *wrong* times, when NOT needed.
 5. "Over-adjusting" means PROducing a subluxation at *wrong* places, *wrong* direction, *wrong time*, *wrong way*, with sequences PROducing occlusion, pressure, interferences.
206. Why and HOW would "over-adjusting" PROduce a vertebral subluxation?
- A. Every vertebral subluxation was INDicated and PROduced by concussion of forces, where EXTERNAL INVASIONARY force was greater than INTERNAL resistance force.
207. WHERE AND WHEN can EXTERNAL force invade?
- A. Anywhere, any time, from landing on feet, traveling upwards to where a set of vertebrae were NOT interosseously locked, PROducing a subluxation, NOT at point of invasion but at point of LEAST REsistance. External INvasiOnary force could ENTER from a violent slap on back, blow on head, "rabbit-punch" of boxer, PROducing a subluxation at some remote place AWAY FROM place of entrance.
208. Are there many ways and forms of entrance of INvasiOnary forces?
- A. There are a thousand ways, means, and places where INvasiOnary force CAN VIOLENTLY ENTER a body; but there is ONLY ONE place where a vertebra CAN BE PRO-duced *with subluxation* sequences and thereby act as A CAUSE of dis-ease ANYwhere in the body distantly remote, viz., via occipital, atlantal, axial subluxation area.
209. Why is "over-adjusting" dangerous?
- A. It is an unnecessary INvasiOnary force, at *wrong* places, *wrong* times, and can come from a Chiropractor who thinks it necessary to "do something" on vertebrae which ARE NOT subluxated; but, because of what he does at

wrong places, *wrong* times, and because it is a violent INvasionary force at such places and times, could, can, and often does PROduce a vertebral subluxated at a SUPERIOR SPECIFIC point, TO WHICH blows travel, where vertebrae are NOT inter-articularly-osseously locked.

210. How can a blow delivered in dorsal or lumbar areas PROduce a subluxation or occipital-atlantal-axial area, distantly removed as it is?
 - A. Any violent INvasionary force, at some distant point, travels FROM PLACE of invasion TO PLACE where *it can* do damage. Meanwhile, that INvasionary force travels from place OF entrance TO place of damage. It takes far more violence *farther removed* from place of damage, with this distinction: sufficient damaging force *still remains* when it reaches its apex to PROduce a subluxation.
211. Does it require more force entering at feet than in lumbar, dorsal, or lower cervical areas?
 - A. YES. More distant the invasion, greater force it must be; more at feet, *less* in lumbar, *still less* in dorsal, and *still less* in lower cervical; there being LESS resistance in occipital-atlantal-axial area because of lack of inter-articular-osseous locks to prevent its being subluxated.
212. Then "over-adjusting" can be dangerous to sick people?
 - A. It's the difference between KNOWING when it IS a vertebral subluxation, WHERE to adjust, WHEN not to adjust, to prevent PROducing and thus eliminating all risks; REDucing only when, where, how, and why such exists.
213. Why did D. D. Palmer, in his book, say he adjusted "4th dorsal" in Harvey Lillard, for deafness?
 - A. In early days, all anatomy and orthopedic books said "any movement or attempt at correction of injuries IN THE NECK was certain to PROduce DISlocation, causing *complete* paralysis inferior to these points." Rather than ENCOURAGE early students to "adjust in the neck,"

fearing they MIGHT produce rather than REduce “dislocations,” he thought it better to protect his NEW ideas by Discouraging ANY work IN THE NECK, by letting such territory alone. For this reason, he *deliberately* shifted to 4th dorsal. There were only three people present when D. D. Palmer adjusted Harvey Lillard—the patient, D. D. Palmer, and ourself. *We saw*, therefore, WE KNOW what WAS adjusted. It was AXIS.

214. What is the basis for Neurocalograph?
 - A. Any explanation of Neurocalograph must necessarily start with an explanation of Neurocalometer, because it is the basis of the Neurocalograph.
215. Does pressure on nerves cause heat?
 - A. The Neurocalometer was invented and developed on the postulate that a subluxated (or misplaced) vertebra causes *pressure* upon a nerve or group of nerves as they pass through or emit from spinal column, and interference thereby created to the normal flow of nerve energy *causes heat*. This instrument has taken that principle out of the field of theory and placed it strictly in the realm of science.
216. Is presence of heat shown?
 - A. Neurocalometer not only shows *when* pressure is present, but whether it has been completely or partially eliminated as a result of Chiropractic adjustment of causative vertebra. When a vertebra is subluxated, it causes pressure upon the surrounding tissues of a nerve or bundle of nerves, and this cause resistance to flow of nerve energy. This resistance, in turn, produces heat at that point. The Neurocalometer is so sensitive and so constructed with thermocouple detectors and galvanometer that it registers this heat and records it as so many points, or units, on the dial. It makes comparative heat readings of the spinal area.
217. Do readings record automatically?
 - A. The Neurocalograph represents an advancement of the Neurocalometer proper. A highly sensitive and compli-

cated instrument, Neurocalograph makes it possible *to record* on a graph sheet the reading obtained with the Neurocalometer. It does away with the necessity of making a mental picture of the needle variations as the instrument is glided along the spine and also eliminates the writing of these mental pictures *manually* on a graph sheet.

- A. The Neurocalograph gives the most complete and precise picture of the needle variations that it is possible to obtain, and all this is done automatically.

218. Human element eliminated.

- A. In other words, Neurocalograph takes human element out of Neurocalometer work so far as recording is concerned. It makes possible accurate recordings of any and all heat changes and nerve pressure interpretations found along spinal column. It places Neurocalometer work strictly and completely in the field of science.

219. Another advancement.

- A. When the need was recognized for correct speed of detectors travel along spine in proportion to speed of graph movement in instrument, fundamentals were laid down for invention of the Neurotempometer. The Neurocalometer detectors (which are hooked up with Neurocalograph) are attached to Neurotempometer which draws detectors along spine at a certain fixed speed. In this way readings are always made exactly same speed day after day, which as a matter of fact is one of the important factors which contribute to the scientific accuracy of Neurocalograph readings, especially in comparing groups from day to day and week to week.

220. Scientific information obtained.

- A. The Neurocalometer and its advancement, Neurocalograph and Neurotempometer, are most important steps in Chiropractic progress. They have made it possible for Chiropractic to obtain exacting and scientific information regarding *cause* of dis-ease in the human body. They are among the chief factors in bringing Chiropractic in-

to a strictly scientific realm and a high state of efficiency, all of which has been done for the ultimate objective of getting the sick well more quickly and permanently. Now that we have stated the scientific approach in securing reliable, accurate, efficient data to serve the sick, let us give the reasons such ARE necessary.

221. Is the human educated individual fallible in his educated mental conclusions?

A. YES. There is nothing so fickle and serious to welfare of cases as the desire of many to think their egotistic mind see, understand, think correctly and efficiently without the need or aid of something more than they mentally posses.

222. Can you give an example?

A. Take 100 or more people into a hall; ask them its length, width, and height. Will they or CAN they give EXACT measurements, or will there be ten VARIABLE OPINIONS? Take 50 people into a room; ask them what the exact temperature is. Will they or CAN they give you ACCURATE temperature? Will there be a flunctuation of opinions, from below the fact to above the fact? Take any situation, or group, on ANY subject—same conditions exists.

223. Is there some positive, accurate, provable way TO MEASURE length, width, height of that hall?

A. YES—a steel tape that doesn't stretch. Is there some way of getting an efficient method of ascertaining temperature?

YES—a thermometer. The possible variances are endless, either human beings. Possible methods of being accurate are few.

224. Suppose you want to build a home. Would you leave it up to a contractor who GUESSES at qualities, quantities, amount of materials, costs?

A. Obviously not. Yet that is what too many people do with too many things. This is true with professions; and regrettably it is ALSO TRUE WITH TOO MANY OF OUR PROFESSION.

225. Can a Chiropractor remember from day to day, in every case, what he THINKS, without proving his data and accurately KNOWING?
- A. Permanent, established records, based on use of above instrumentation, give facts from day to day which can be studied, eliminating all guesswork about case facts.
226. Do you mean that *sense* faculties contain flaws, doubts, errors?
- A. Exactly. EYES do NOT see all NCM needle delivers. MIND does NOT register all eyes see. MIND does NOT intercept accurately all that mind registers. Mind cannot remember all it does register, from day to day, case to case.
227. Do you imply there are *many* human variables of difference betwixt and between human beings and accurate instruments?
- A. WE do. And for this reason scientific instrumentation IS necessary which shuts out *all* human variables in proving ascertainable data upon which to determine place, position, time, how, where to adjust, AND WHEN to stop going beyond those limits because of "patient-pressure" for something more, or mercenary-pressure for dollars; assuming that the ULTIMATE objective is to get sick people WELL in *greatest* percentage, in *least* time, at *lowest* cost to them.
228. Can reading with NCM in hand, going too *fast today* and too *slow tomorrow*, on *same* case, make a difference?
- A. YES. Variables of human differences IN TIMING might make a break reading a mean line heat reading one day; and if tomorrow, same case, time were slow, it might make a mean line heat into a break reading.
229. What difference would that make?
- A. In one instance you would give an adjustment when YOU SHOULDN'T. In other, you wouldn't give an adjustment WHEN YOU SHOULD.
230. How can this variable be avoided?
- A. Neurotempometer fixes a rate of speed of travel that

WILL BE THE SAME, day after day, on case after case.

231. If eye does not SEE ALL needle delivers, how can this human variable be avoided?
 - A. By having NO registration on ANY dial IN the NCM, shunting across directly FROM reading TO Neurocalograph, avoiding errors of *vision* from day to day, case to case; at same time eliminating ALL errors of *mental* registration and interpretation.
232. Suppose 'tempometer is faster or slower in travel than 'calograph—does this introduce human variables?
 - A. Unquestionable. They both should be synchronized to same speed of travel.
233. Then do we advise, to establish scientific exactness and positive accuracy in all phases of locating THE position of subluxation, that spinographs be taken?
 - A. Absolutely!
234. Do we advise, to fix facts beyond dispute, than an NCM attached to a neurotempometer, shunted across to neurocalograph, be used daily in making ALL checks on EVERY case?
 - A. We do!
235. How often should these full-length readings be taken?
 - A. Daily, to establish *a case record* to ascertain FACTS, to have something tangible to present to a court of record *in the event* of a mal-practice suit which could occur from ANY case you might have, Your RECORDS are YOUR BEST evidence. Without them, you are placed in jeopardy with EVERY case.
236. Without these PRECAUTIONARY measures, what happens?
 - A. Everything you do, on every case, is guess work. In such instances, what, where, how, and when you do is little different from medical men who guess at what, where, how, and when THEY do everything.
237. How many man power years, and how many men have been consumed to reach these conclusions?
 - A. It would be difficult to recall how many men; but the

sum total of years of collaborated research in the P.S.C., up to Christmas, 1958, was 62 years of researching of over 3,700 years of our assistants.

238. Does guess work pay?

A. It has made medicine what IT IS—a failure. It has done the same to each Chiropractor IF he uses same approaches. That is why we have mixers in our ranks. NOT KNOWING, they guess. Guessing forced them to introduce something to fill gaps between SUCCESS and FAILURE with issues that were guess work.

239. Is guess work CONstructive or DEstructive?

A. Medical men guess what is wrong, which might be right or wrong. They GUESS WHERE it is wrong, which might be right or wrong. They GUESS HOW BAD it is, which might be right or wrong. They GUESS A NAME to give is, which might be right or wrong. They GUESS WHAT TO GIVE, which might be right or wrong. They HOPE it MIGHT work. After this, they come out the SMALL END of a BIG funnel. It was GUESS WORK in medicine that failed to get sick people well. This CREATED a void vacuum, Innate ABHORS a vacuum in human service. Therefore, a necessity existed for something that WOULD get sick people well. Ergo-Innate gave birth to CHIROPRACTIC.

240. Do SOME vertebra, through accidents, concussions of forces, and traumas, from external invading internal resistance, shatter and trigger some vertebra OUT OF normal range of motion and anchor them in this abnormal placement?

A. YES.

241. When THIS occurs, do they impinge upon, squeeze, compress soft nerve fibers enroute BETWEEN brain and body?

A. YES.

242. HOW does this occur?

A. When out of normal alignment apposition, beyond normal range of movement, they OCCLUDE openings THROUGH WHICH nerves pass, changing size, shape, diameter, or circumference of the opening.

243. When pressure exists, what happens to mental impulse or

nerve force supply FLOWING THROUGH them EN-ROUTE to tissue cells at their distal peripheries TO ALL OR SOME organs of the body?

A. It REDUCES QUANTITY flow.

244. When this quantity flow IS reduced, what happens to MUSCLES at ends of those nerves?

A. MUSCLES AND tissue cells receive LESS quantities of power to move them.

245. When MUSCLES and cells GET LESS power, WHAT happens?

A. Motion is paralyzed.

246. What happens WHEN MUSCULAR motion IS paralyzed, in the cell or organ?

A. LESS PRODUCT OR BY-PRODUCT is issued FROM the cell or organ.

247. Is this WHAT IS diagnosed as a disease?

A. YES.

248. How many different KINDS OF MOTION can be disorganized in this way?

A. ALL of them. ANY of them, an endless possibility.

249. IF this IS the sequence of events OF ALL organs that take place, FROM normal TO abnormal, in a human living-sick body, does this explanation SIMPLIFY ANY AND ALL approaches to a clear understanding OF ONE basic fundamental understanding?

A. YES.

250. IF this IS THE sequence of events OF ALL changes that take place, FROM normal TO abnormal, in a living human body, WHAT is the sane, sensible, practical, logical thing to do?

A. Shall we TREAT THE DISEASE or CORRECT THE CAUSE that produced it?

251. What IS THE CAUSE?

A. Lack of REDUCTION IN power supply.

252. WHAT to do?

A. Find WHICH vertebra IS exerting pressure UPON SOME nerve or nerves.

253. Then What?

- A. This automatically OPENS occlusion, restoring vertebra to NORMAL position in relation with its co-respondents above and below.
254. What happens then?
A. PRESSURE upon nerves HAS BEEN released.
255. What happens then?
A. Normal mental impulse or nerve force flow IS RESTORED.
265. Then what happens?
A. Normal mental impulse or nerve force supply FLOWS with a FREE FLOW to MUSCLES.
257. Then what happens?
A. MUSCLES CONTRACT AND RELAX alternatingly at a normal rate of speed, per units of time involved, necessary FOR RESTORED HEALTH.
258. Then what happens?
A. Tissue cells RECEIVE normal action which IS RE-ESTABLISHED.
259. Then what?
A. GIVEN TIME for reparation to take place, patient gets well.
260. What is IT in the living body which PREDETERMINES what IS normal quantity flow, per units of time, in structure involved, to repair and rebuild sickness back to health?
A. Innate Intelligence inherent in that living body.
261. Does this "Innate Intelligence" know enough, possess intelligence enough, capable of repairing its sick organs?
A. It was intelligence enough to build its body, run it, until it got sick. Why not?
262. How many CAUSES which produce the one only disease?
A. ONE.
263. What IS this ONE physical manifestation?
A. MUSCULAR PARALYSIS.
264. How many CURES are there?
A. ONE. The directing, inherent, normal flow from ABOVE-DOWN, INSIDE-OUT of normal mental impulse supply under Innate knowledge OF PAR as known ONLY to Innate Intelligence IN that body, and no other.

265. How many dis-eases can there be IN ANY sick person?
A. ONE, MUSCULAR PARALYSIS, regardless of organic structure involved, length of time standing, degree of severity, or territory involved.
266. Is THAT how simple and single CHIROPRACTIC IS?
A. YES. GETTING SICK PEOPLE WELL IS AS SIMPLE AS THAT.
267. Is it necessary to take pills, drugs, vitamins, treatments of any and many kinds, from OUTSIDE-IN, BELOW-UP-WARD, to get well?
A. NO.
268. Would the taking of any EXTERNAL thing INCREASE the reduces mental impulse nerve flow?
A. NO.
269. Would taking of any of these EXTERNAL drugs or treatments OF EFFECTS re-establish THE difference between what was ABOVE the pressure, from what COULDN'T GET THROUGH that pressure, from what was NEEDED BELOW that pressure?
A. NO.
270. If these EXTERNAL methods of treating the sick body COULD NOT re-establish a normal quantity flow, of what value are they?
A. NONE.
271. What DO drugs do?
A. They STIMULATE the INHIBITED condition; or they INHIBIT the STIMULATED condition. They whip up the tired and incapacitated dis-ease.
272. After drugs have done this, what happens?
A. For every action there is a re-action, a drop much like whiskey makes millionaires at midnight until next morning when they are paupers. Drugs make it necessary for Innate Intelligence to double its labor—fight dis-ease itself, then fight to oppose drugs.
273. Is that why drugs DO NOT CURE?
A. YES.
Let us reason with an analogy comparative to A LIKE condition in commercial business.

274. IF electrical flow IS STOPPED from reaching TO AND THROUGH a globe, would there be LIGHT?
A. NO.
275. IF there were NO LIGHT in a room, would people stumble around in the dark?
A. YES.
276. IF electricity STOPPED FLOWING TO AND THROUGH a motor, would there be a NORMAL number of revolutions per minute IN the motor?
A. NO.
277. IF there were NO ELECTRICITY flowing FROM batteries TO spark plugs, could it or WOULD IT ignite gas in motor?
A. NO.
278. IF there were NO REVOLUTIONS, per minute, in motor, COULD IT run the car?
A. NO.
279. IF motor in car didn't receive electricity to revolve, COULD IT perform its function of transporting people, freight, merchandise?
A. NO.
280. IF electricity DID NOT REACH motor in a vacuum sweeper, could it pick up dirt off floor or carpet?
A. NO.
281. IF electricity DID NOT REACH phone, coming and going, would it CARRY CONVERSATION between two people/ more or less distantly removed from each other?
A. NO.
282. IF electrical power, energy, force were TOTALLY ABSENT, would ALL mechanical devices be dormant, inactive, paralyzed, "dead"?
A. YES.
283. IS flowing of commercial electricity VITALLY NECESSARY IN ALL forms of environmental EXTERNAL human activities?
A. YES.
284. WOULD external human ENVIRONMENTAL activities, as we use them today, BE PARALYZED WITHOUT electricity?

A. YES.

285. Is "electricity"—whatever IT is—necessary today?

A. YES.

286. HOW IMPORTANT, then, IS power TO MOVE an immobile object to secure the product, the function of motion, IN the object it should perform?

A. Without it, no function.

287. When you BUY electricity, what ARE YOU actually BUYING?

A. A SERVICE, Beyond this, nobody knows.

288. Can you SEE commercial electricity FLOWING INTO your home from outside?

A. NO.

289. Does A METER REGISTER how much electricity you use each month and pay for?

A. YES.

290. Can a competent and efficient electrical engineer use a testing device and locate WHERE, WHEN, and WHY current is flowing—or not?

A. YES.

291. IF generator manufactures A NORMAL QUANTITY of electricity for any, many, AND ALL electrical devices in your home, and IT IS RECEIVED INTO your home, IN THAT quantity, would EVERYTHING electrical motivate normally?

A. YES.

292. IF some device in your home WOULD NOT motivate, why?

A. Because it is NOT RECEIVING ITS NORMAL QUANTITY of electricity.

293. IF that be true, why?

A. Because at some point or place THE FLOW IS CUT OFF or reduced somewhere BETWEEN dynamo AND globe, motor, carpet sweeper, washing machine.

294. Why could they NOT deliver THEIR NATURAL functional motion?

A. Because the button is TURNED OFF, which interfered with the flow, by some accident, or somebody turning it off.

295. IF somebody TURNED ON the switch or button, WOULD electricity flow AGAIN?
A. YES.
296. IF electricity flowed AGAIN, would the globe produce light?
A. YES.
297. Would people cease to stumble about in the dark?
A. YES.
298. Would you then be GETTING what you WANTED, NEEDED, AND PAID FOR?
A. YES.
299. Would it be wise to trigger the globe or motor, or treat abnormal EFFECTS of a paralyzed function?
A. NO.
300. Would you inject an antidote in globe, soak it in chemical fluids or compounds, treat DARKNESS of globe, or injuries received from groping in dark for things you couldn't see?
A. NO.
301. Would it be sensible to tinker, diagnose symptoms of dead motor, give it a name, prescribe drugs of questionable merit, and inject into its insides or rub on outside, or squirt something concocted into it with a hypodermic needle?
A. NO.
302. If you WERE an EXPERTLY trained electrical engineer, would you trail back the wires, locate and find WHERE the "short" in circuit flow WAS, AND THEN ADJUST THE CAUSE of "shortened circuit", RESTORE normal quantity flow so electricity COULD reach globe or motor, so IT COULD AGAIN have normal revolutions per minute, AND THEN perform normal function, issuing its products as it should?
A. YES.
303. By TURNING ON THE BUTTON that CUT OFF THE FLOW of electricity TO the globe, WOULD YOU RESTORE normal flow AND RESTORE LIGHT?
A. YES.
304. In so doing, would motor now DO what is was INTENDED

TO DELIVER by way of products and by-products?

A. YES.

305. What MORE then NEED BE DONE?

A. Nothing. IT IS AS SIMPLE AS THAT. ONE cause of ANY and ALL paralysis, ONE simple cure; ALL being INTERNAL, NOT EXTERNAL; ALL being FROM generator TO motor, from ABOVE-DOWN, INSIDE-OUT, nothing coming from OUTSIDE-IN, BELOW-UPWARD.

306. Do we hesitate, cogitate, in thanking the genius of Thomas

A. Edison for countless methods HE developed showing US HOW to use electricity to lighten our burdens?

A. We hardly GIVE HIM a second thought, too often, too many taking IT ALL for granted.

Chapter XVIII

CHIROPRACTIC AS APPLIED TO NATURAL LAW

CHIROPRACTIC is based upon the principle of the *law* which governs the Universe, Natural Law. CHIROPRACTIC contends that the Creator in HIS wisdom created everything in the human body to retain and maintain normal-health-everything has its purpose—there is nothing superfluous or lacking. It is a full and complete unit created to manifest its definite purpose, the work of the Innate Intelligence in tune with universal law. Innate Intelligence is the expression of the miracle performing substance commonly referred to as Life. It emanates from brain thru spinal cord, then through nerves to reach every tissue cell and there express itself in miraculous action of changing common food into living flesh and blood. It miraculously manufactures by means of countless glands all secretions in the human body. Secretions to aid in digestion. Secretions to lubricate and prevent inflammation in all moving parts. Secretions to serve as protection against disease. Secretions to heal and mend the body, and last but not least, secretions to enjoy God's greatest gift to men—Reproduction.

However, when there is a pressure on a nerve, it interferes with the normal transmission of mental impulses of Innate Intelligence between brain cell and tissue cell. Consequently, abnormal function follows and causes dis-ease. In Chiropractic, pressures on the nerve is located and corrected re-establishing normal flow of mental impulses, so Innate Intelligence can produce normal and restore health.

Can Chiropractic “cure” all disease? The Innate Intelligence (nature) does the healing, and is only limited by the material it has for expression. There is an Innate Intelligence resident within a seed, but it cannot express itself on a cement sidewalk. Likewise, with the human body. We cannot expect complete restoration of health when vital parts have been removed or if tissue is destroyed

by foreign matter injected into the body, or if the condition is so far advanced because of neglect wherein it is deteriorated beyond repair, Chiropractors accept the principle that the whole Universe including man, is God made and the law He created is perfect in every detail. This is the Chiropractic concept of the cause and cure of all disease.

Chapter XIX

NOT WHO IS RIGHT, BUT WHAT IS RIGHT

A RECENT LETTER SAID:

“You must learn that a teacher who is RIGHT but HATED will be far less successful than one who IS NOT RIGHT, but who IS LOVED. Men who prefer TO BE FREE in spite of the risk of BEING WRONG, than to be dictated to MEN EVEN THOUGH RIGHT.”

To BE WRONG is NOT to BE FREE. To BE RIGHT only, is a man FREE within himself and in his relationship with all whom he contacts. The FREEST man is he who is MOST right MOST of the time. He who is in bondage and slavery is he who is MOST wrong MOST of the time.

It is not so much a question of sincerity as it is WHO is MOST HONEST in sincerity and who is using BEST JUDGMENT with that sincerity.

All leaders of men have been those who, in THEIR DAY, were RIGHT but HATED because THEY WERE RIGHT. Also, many men who were most LOVED have been pussy-footers, molly-coddlers, back-slappers, hand shakers, who went about spreading platitudes to appease the egos of MOST men. We care not so much whether WE ARE LOVED so much as we are concerned in BEING RIGHT even THOUGH HATED because WE'RE RIGHT.

We should be kind, gentle, considerate and thoughtful of the rights OF PERSONS. We must be firm and just also in the defense of rights OF PRINCIPLES. The PRINCIPLE that can and does get sick people well IS CHIROPRACTIC PERSONS who have THAT PRINCIPLE in their heads and hands MUST defend, protect and preserve THAT PRINCIPLE to preserve in it its purity for posterity to protect PERSONS' rights to application OF THAT PRINCIPLE so people CAN continue to get well after CERTAIN PERSONS pass on.

As well say the church has no right to uphold THE PRINCIPLES OF Christ; or, Christianity has no right to perpetuate itself merely because SOME PERSONS believe in getting drunk, becoming sex fiends, killing and maiming other PERSONS by millions; that crime has a right to exist because it involves the rights OF PERSONS.

When the RIGHTS OF PERSONS destroy THE RIGHTS OF PRINCIPLES, it is time one or the other became an all impelling motive of what they are to do to help others do the same.

PERSONS are born, live a while, have a lot to say, then die. PRINCIPLES discovered and developed BY PERSONS, benefiting mankind, live long AFTER PERSONS have passed on.

Ford — THE PERSON is no longer here. His PRINCIPLES, the car, lives on.

Edison — THE PERSON is no longer here. His PRINCIPLE, electricity, lives on.

Wright Brothers — as PERSONS have come and gone. Their PRINCIPLE, the aeroplane, continues to expand.

PERSONS live in memories of those whose PRINCIPLES served.

A mother gives birth to a PERSON. That PERSON when young, cannot protect, sustain and defend ITSELF. Once that PERSON attains maturity it does. IF that PERSON discovered A PRINCIPLE, it too can die young for want of a mother and father to protect, sustain and defend it until it matures and becomes self-sustaining and independent OF PERSONS.

D. D. Palmer — THE PERSON is not here now, He has come and gone but he left behind A PRINCIPLE, Chiropractic. As long as HE lived, HE protected his PRINCIPLE. Now that he—THE PERSON—is no longer here, it is OUR responsibility to protect, defend and preserve his PRINCIPLE.

Once any PRINCIPLE becomes established, adopted and has become a part of and a necessity in daily life; like the car, electricity, aeroplane, it automatically lives in and from the inherent merit it possesses. Some day CHIROPRACTIC will do the same.

